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## EVALUATION OF FACING THE FUTURE

### FINAL REPORT FOR SAMARITANS AND CRUSE

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June 2017

## CONTENTS

section	page
1 Introduction	1
2 Participant outcomes	5
3 How the groups are working	14
4 Challenges & Successes	21
5 What difference does facing the future make?	25
6 The future for facing the future	27

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Number	Description
<b>Figure 1</b>	Geographic distribution of pre-programme and post-programme respondents
<b>Figure 2</b>	Summary of interviews completed
<b>Figure 3</b>	Branches involved in the qualitative interviews
<b>Figure 4</b>	Twelve out of the nineteen respondents reported a higher WEMWBS score in the post - questionnaire than the pre-questionnaire
<b>Figure 5</b>	Distribution of WEMWBS scores for all respondents
<b>Figure 6</b>	Most respondents feel emotionally better since they started attending the support group sessions
<b>Figure 7</b>	Most respondents attribute their emotional change to the support sessions
<b>Figure 8</b>	The proportion of respondents feeling understood and listened by others increased
<b>Figure 9</b>	Most respondents felt the support group was helpful
<b>Figure 10</b>	The level of awareness about other services
<b>Figure 11</b>	Most respondents agree that, as a result of attending in the group sessions, they are more aware of other services, and feel more confident contacting them
<b>Figure 12</b>	Most respondents found out about the sessions through online sources, mostly from the Cruse website.
<b>Figure 13</b>	Most respondents had a good or very good experience with the means and quality of Samaritans/Cruse communications
<b>Figure 14</b>	While most respondents felt the session duration was about right
<b>Figure 15</b>	Most survey participants reported travelling less than an hour to get to the venue
<b>Figure 16</b>	Most respondents felt the support group met their expectations
<b>Figure 17</b>	Overall respondents felt positive about the group sessions
<b>Figure 18</b>	Most drop outs happened in the first sessions

## 1 INTRODUCTION

Bereavement is one of the most distressing experiences a person will face. Bereavement by suicide is not necessarily more severe than other types of bereavement, but those bereaved are more likely to experience stigmatisation, blame, emptiness, shame, guilt, and a sense of rejection. This can make coping with the death particularly difficult<sup>1</sup>. In addition, there is evidence to suggest those bereaved by suicide are at increased risk of taking their own life by suicide<sup>2</sup>. There is therefore a vulnerable group of people that need help and support from a service which understands both bereavement and suicide. In England, over 4000 people take their own lives every year, so when taking into account their families and friends this vulnerable group is of significant number.

Facing the Future is a service provided through a partnership between Samaritans and Cruse Bereavement Care (Cruse). Having been successfully delivered in London since 2011, the partnership undertook to extend the service outside London to reach more people who have been bereaved by suicide. These areas are:

- ★ Devon
- ★ East Sussex
- ★ Essex
- ★ Tyneside
- ★ West Midlands
- ★ Yorkshire

Through funding provided by the Welsh Government the service was also extended to Wales with a group established in Swansea. However, this was outside the evaluation's remit.

### 1.1 Aims and objectives of the pilot

The project had four areas of work to develop the service:

- ★ raising awareness – by proactively reaching out to communities so that people know about the service and how to access it
- ★ setting up support groups – in six areas across England that will provide facilitated support for six weeks
- ★ training volunteers – from both organisations to deliver the service and to develop understanding of their respective organisations
- ★ developing the service – by providing the infrastructure for a sustainable service delivered locally

The pilot aimed to run 84 groups across the six new areas in England, ideally reaching 420-672 people.

### 1.2 What has been delivered

Setting up the infrastructure took longer than planned, so the first groups did not start until October 2015, some 10 months into the pilot and six months after the planned start date. In the first few months, several groups were cancelled due to low participant numbers (a minimum of 5 participants need to be allocated to a group for

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<sup>1</sup> Shields, C., Kavanagh, M., & Russo, K. (2017). A qualitative systematic review of the bereavement process following suicide. *OMEGA-Journal of Death and Dying*, 74(4), 426-454.

<sup>2</sup> Pitman, A., Osborn, D., King, M., & Erlangsen, A. (2014). Effects of suicide bereavement on mental health and suicide risk. *The Lancet Psychiatry*, 1(1), 86-94..

it to commence) but as the pilot has progressed more areas have come on board and fewer groups have faced cancellation due to insufficient numbers.

As the pilot draws towards an end, 8 local partnerships are delivering Facing the Future, providing groups in all regions of England except the North West. All partnerships bar 1 have delivered at least 2 groups, and overall 20 groups have started and a further two are in progress.

107 people have started the sessions and 81 completed. The pilot service did not collect demographic data for all participants but of those that participated in the evaluation the majority were white British women over the age of 40. A full breakdown of the demographic data from pre-programme surveys is provided in Appendix 1.

### 1.3 The evaluation

The evaluation was commissioned to:

- 1 understand the impact of the service on participants
- 2 gather learning generated to inform future development

#### 1.3.1 Evaluation of participant outcomes

To understand how the service impacted on participants our approach was designed to give every participant an opportunity to provide feedback. This involved an online questionnaire being sent to all participants before and after their engagement with the service to gain an understanding of their experience and to identify and evidence any outcomes generated. A key area of outcome measurement was in understanding the impact that participation had on levels of wellbeing. To do this the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) was included in the questionnaires. This enabled us to measure the participant population's wellbeing and to evidence any changes over the period of the programme.

#### WEMWBS

The Warwick-Edinburgh Mental Wellbeing scale was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. WEMWBS is a 14-item scale of mental well-being covering subjective well-being and psychological functioning. The scale is scored by summing responses to each item answered on a 1 to 5 Likert scale. The minimum scale score is 14 and the maximum is 70. Whilst WEMWBS was not designed as a clinical tool or to monitor wellbeing at an individual level it is used in some clinical settings as an indicator, as a means of self-assessment and as a tool for opening discussions about a person's mental wellbeing.

#### Qualitative interviews

In the post programme questionnaire respondents were asked if they would be willing to participate in a telephone interview to explore their experience and the outcomes of their participation in more depth. We have interviewed all those who agreed. During the initial follow up interviews participants were asked if we could contact them again in 6-8 weeks to explore the sustainability of any reported outcomes and to explore whether any new outcomes were generated as a result of their participation in Facing the Future.

#### Challenges with response rates

Due to low survey response rates and small numbers of interviews conducted in the first phase, we subsequently included data (surveys and telephone interviews) from participants in London and Swansea, even though these locations are technically out of scope for this pilot. It was felt that this would enable us to provide more robust findings in relation to outcomes for participants', given that the model of delivery is identical across all sites.

We conducted a comparative analysis of the survey data to see if there are any variations in outcome and experience for participants of London groups with those in the pilot areas. This was to explore whether being a more established service influenced either of these aspects and therefore potentially skew the findings. We found no differences.

### 1.3.2 Evaluating how the service is working

Our approach to understanding how the service was operating involved:

- ★ analysis of attendance data
- ★ qualitative interviews with branch leads, facilitators and project managers

Findings relating to the volunteer experience, organisational learning and levels of participation was derived solely from quantitative and qualitative data gathered from the six new areas established in England.

Qualitative interviews were completed at two stages after the first few programmes had been delivered, December 2015 – March 2016, and then towards the end of the pilot period, October – December 2016.

We had also intended to speak with other organisations in the area that may be referring their service users to Facing the Future. However, for reasons that will be explained later we did not in fact speak with any referral organisations.

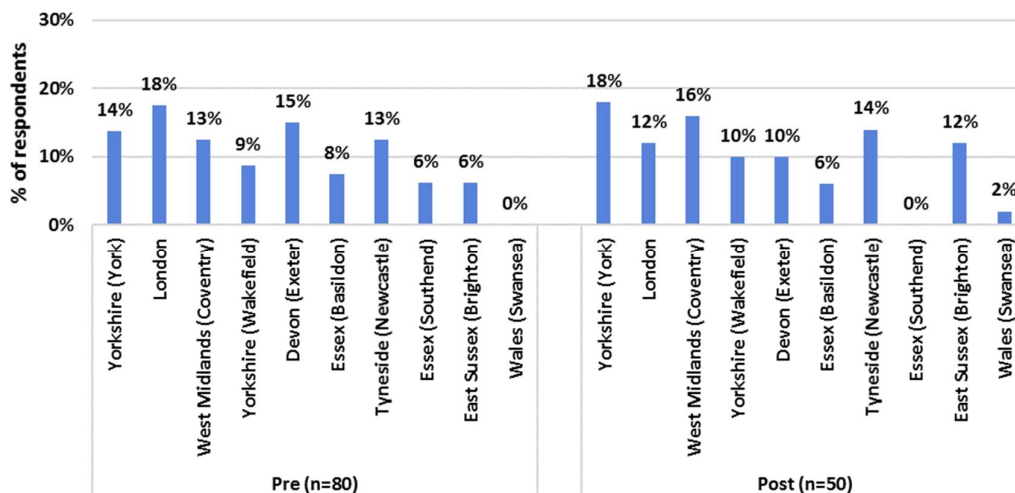
### 1.3.3 Understanding participant drop out

Towards the end of the evaluation we undertook an additional piece of work focusing on participants that had dropped out of the programme before completing. This was added into the evaluation in response to relatively high drop-out rates, and the project team wanting to gain an understanding of what may be causing this. An e-survey was sent to all participants that had attended at least one session and then dropped out and those who had been given a place in a group but did not attend.

## 1.4 Data summary

In total, we received 80 pre-programme surveys and 50 post-programme surveys from 10 locations. The distribution is shown below:

**Figure 1 – Geographic distribution of pre-programme and post-programme respondents**



Overall pre-programme survey returns represent a response rate of 44% based on the total number of participants initially allocated to groups (n=181). As the survey is completed before participants attend the group we don't know what proportion are from those that actually turned up to the first session. 50% of those that completed the sessions (n=101) completed a post programme survey. This does not give us a level of reliability that we would usually hope to attain, and this should be taken into consideration when viewing the reported outcomes. At a confidence level of 95% this data set has an error level of around +/-10%.<sup>3</sup>

We have interviewed a total of 12 participants following completion of the programme. We have spoken with 5 participants twice, once after the programme then some 6-8 weeks later to gain further reflection and to understand the sustainability of change resulting from taking part in the Facing the Future groups.

Throughout the evaluation, we have interviewed 27 volunteers involved in the management and/or delivery of the programme at 7 different locations. In the first phase of the evaluation some volunteers had dual roles and as such interviews were about both roles. A summary of the interviews completed is shown below.

**Figure 2 – Summary of interviews completed**

	Branch lead	Facilitator	Dual role	Total
Phase 1	3	6	3	12
Phase 2	7	8	0	15
	10	14	3	27

We spoke with 2 individuals twice – volunteers who were involved in the pilot in both phases.

**Figure 3 - Branches involved in the qualitative interviews**

Phase 1	Phase 2
York	Southend
Wakefield	Tyneside
Exeter	York
Basildon	Brighton

<sup>3</sup> This means that if we repeated the survey the overall responses would be the same 95% of the time within a 10% margin of error. We would normally work to a confidence level of 95% but with an error rate of no more than 5%.

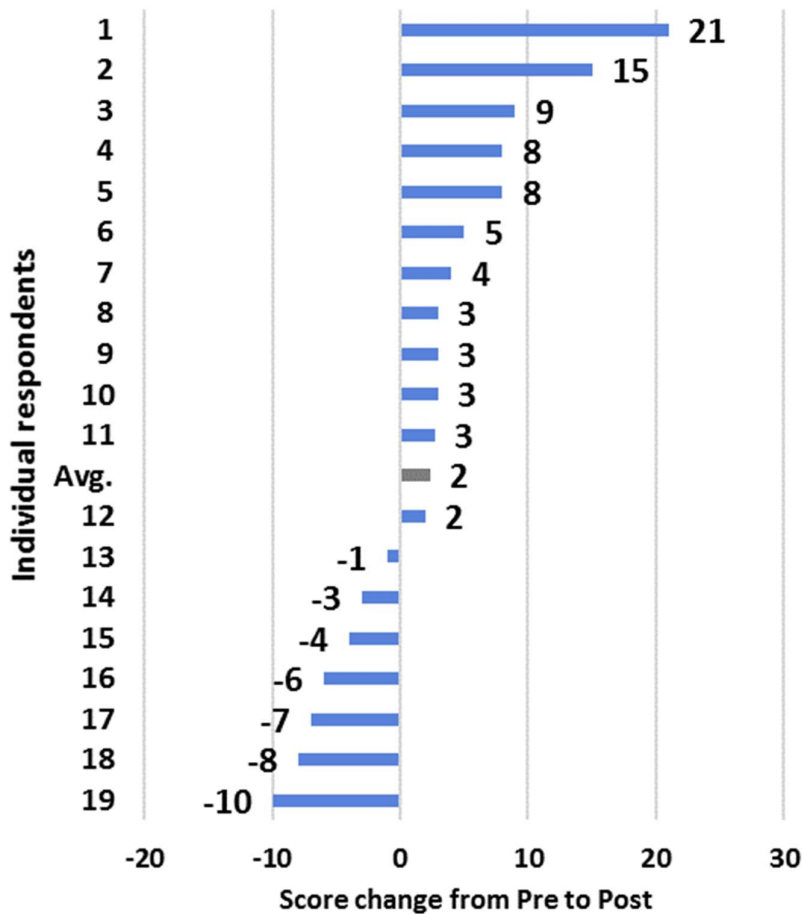
## 2 PARTICIPANT OUTCOMES

### 2.1 Mental Wellbeing

Of all responses received we only had 19 matched pre- and post-programme surveys. For these individuals, we have tracked the change in their WEMWBS scale score. More than half showed an improvement in their wellbeing over that period, albeit in most instances quite modest.

**Figure 4 – Twelve out of the nineteen respondents reported a higher WEMWBS score in the post-questionnaire than the pre-questionnaire**

The average change for this cohort was +2



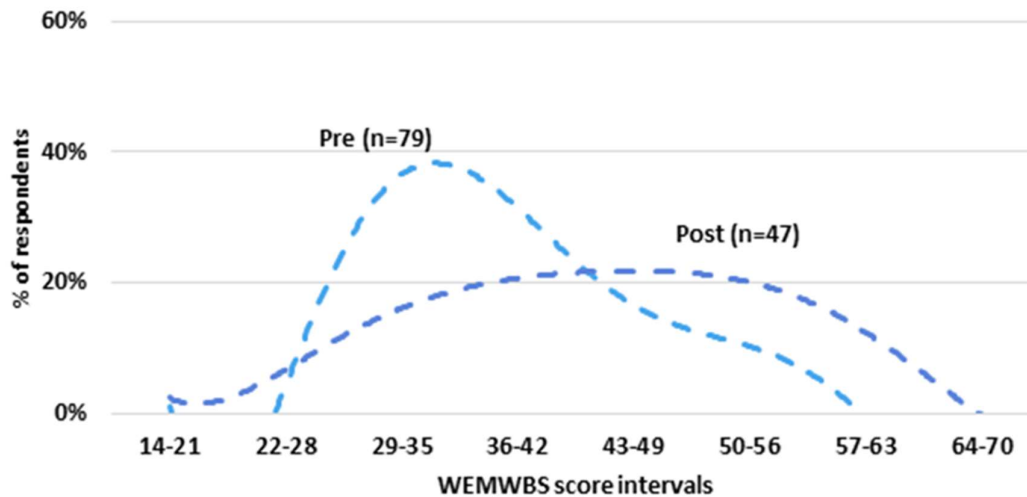
As noted in section 1.3.1 the WEMWBS is not designed to measure change at individual level, though it does appear sensitive to change in individuals and is used in this context in some settings. We should therefore be cautious about over-emphasising the significance of change, both positive and negative, for individuals. We must also recognise that this change is over a relatively short period and that other factors can be influencing a person's level of wellbeing. Furthermore, the actual process of participation may be having what appears to be



a detrimental effect on a persons' wellbeing this may be a natural effect of the bereavement journey. Our interviews with participants have revealed how much of a rollercoaster bereavement is with many dips, and apparent setbacks along the way.

Looking at the whole group, i.e. all participants, as a 'population' we can see a shift in the 'populations' wellbeing, with a shift in the peak from a score around 30-35 to around 49/50. In other words, the proportion of people within the population with lower scores has decreased, whilst those scoring higher has increased

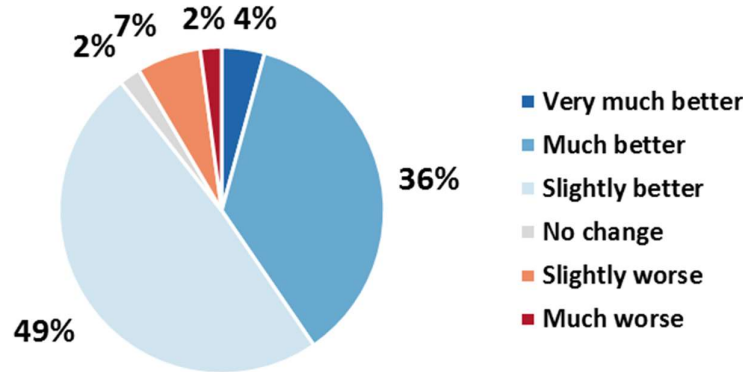
**Figure 5 - Distribution of WEMWBS scores for all respondents**



Whilst the data shows that different people have had different changes in their wellbeing score it is not possible to directly attribute this change to their participation in the groups as there may be other factors which have influenced each individuals' wellbeing. However, the majority of survey respondents reported feeling emotionally better since attending the sessions. Furthermore, there are indications from the qualitative data that the groups are contributing to changes in wellbeing. During the interviews with participants the majority reported that this positive shift in wellbeing was due to the sessions helping them move forward in their recovery and enabling them to process their thoughts and feelings.

**Figure 6 – Most respondents feel emotionally better since they started attending the support group sessions**

**40% of respondents felt very much or much better**  
**However, about 1 out of 10 feels slightly, or much worse**

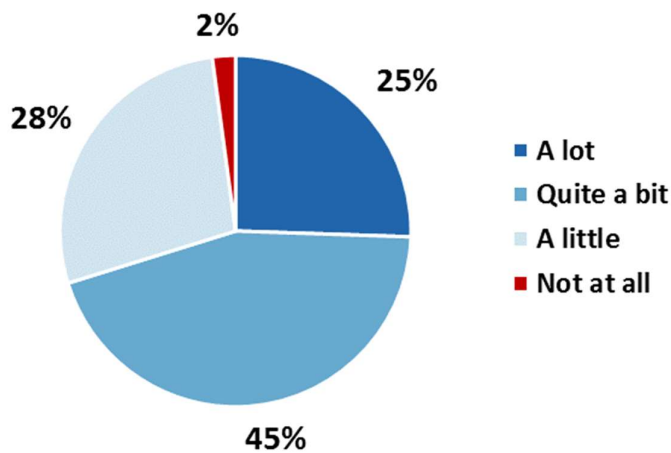


N=47

“I definitely feel better about things, I’ve got a more positive outlook now, I feel more confident that I can get through this”

All but 1 respondent attributed that change, to varying degrees, to the support sessions.

**Figure 7 - Most respondents attribute their emotional change to the support sessions**



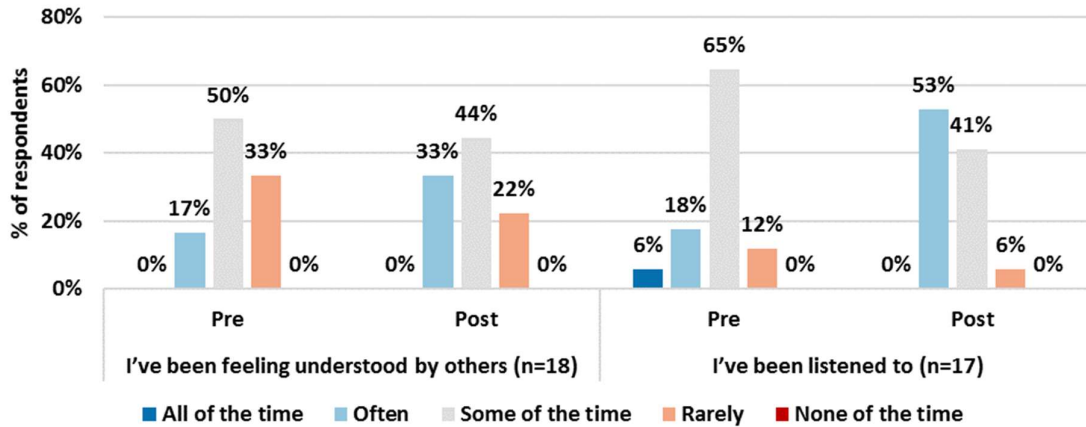
N=47

The 4 respondents that reported feeling slightly worse or much worse at the end of the sessions all indicated that the sessions themselves had contributed to the change to some degree. However, 3 of the 4 said they found the group quite or very helpful, which suggests that although they are not feeling emotionally better, the sessions have helped them in other ways.

## 2.2 Relationships with others

Respondents were asked if they felt understood and listened to by others before and after the group sessions. This produced some positive responses from the respondents that answered this question in both surveys.

**Figure 8 – The proportion of respondents feeling understood and listened to by others increased**

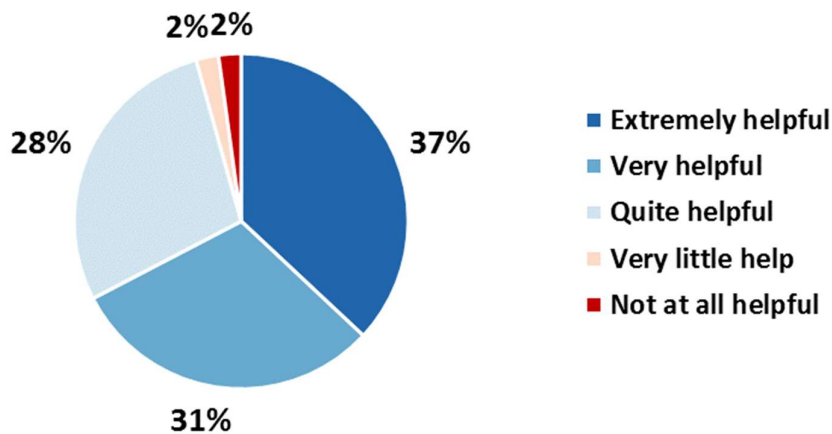


Participants interviewed indicated that being able to speak about their bereavement more freely and without any perception of being judged gave them more confidence to share their thoughts and feelings with family and friends. This was also the first time that some participants had spoken about their experience and reported that the group removed some of the stigma that participants felt by being bereaved by suicide and helped them to find the language to express what they were feeling.

## 2.3 Was the programme helpful?

The vast majority of respondents found the group sessions helpful.

**Figure 9 – Most respondents felt the support group was helpful  
Just over two thirds felt it was very or extremely helpful**



N=46

44 respondents provided feedback on what they found most helpful about the group and their responses aligned with the following themes:

- ★ meeting people who understand how I feel (23)
- ★ having a safe place to talk (11)
- ★ listening to others (8)
- ★ being part of a group discussion (7)
- ★ the facilitators (6)
- ★ feelings/self-awareness or an improvement in how they felt (6)

“I was able to speak about it without feeling awkward or that I was being judged. It’s the first time I’ve been able to do that”

39 respondents identified aspects of the programme they felt were least helpful. There were a variety of responses but the most commonly mentioned, with 3 or more similar responses, related to:

- ★ the number of sessions was not enough (6)
- ★ people dropping out and the group being too small (7)
- ★ other participants – being insensitive, making inappropriate remarks or just not finding an affiliation (5)
- ★ not being able to talk/feeling inhibited from being themselves (5)
- ★ logistical issues – distance to travel, venue (3)
- ★ facilitation – inappropriate or lacking skill (3)

## 2.4 Feeling differently about their bereavement

77% of survey respondents reported that they felt differently about their bereavement at the end of the six weeks. The survey responses and feedback during interviews described positive changes in the way participants now feel, feeling less guilty and more accepting of what had happened. Being understood and recognising that the feelings they had been having were normal was also important. Knowing they were not the only one going through this type of bereavement also helped as most participants we spoke to felt the experience of bereavement by suicide was quite different to other types of bereavement. A few felt that they now had a different perspective on what had happened and some felt more positive about their own lives moving forward.

“It has helped me to stop feeling responsible for what happened, and to understand that it is not unusual to feel that way”

“It has helped to speed up the healing process, I’m in a better place now than when I started”

“It gave me a space where I could process my thoughts and what had happened”

“Without the sessions I would still be in the thought loop of asking myself why didn’t I do this or I could’ve done that. I can manage the guilt I feel much better now”

## 2.5 Accessing emotional support

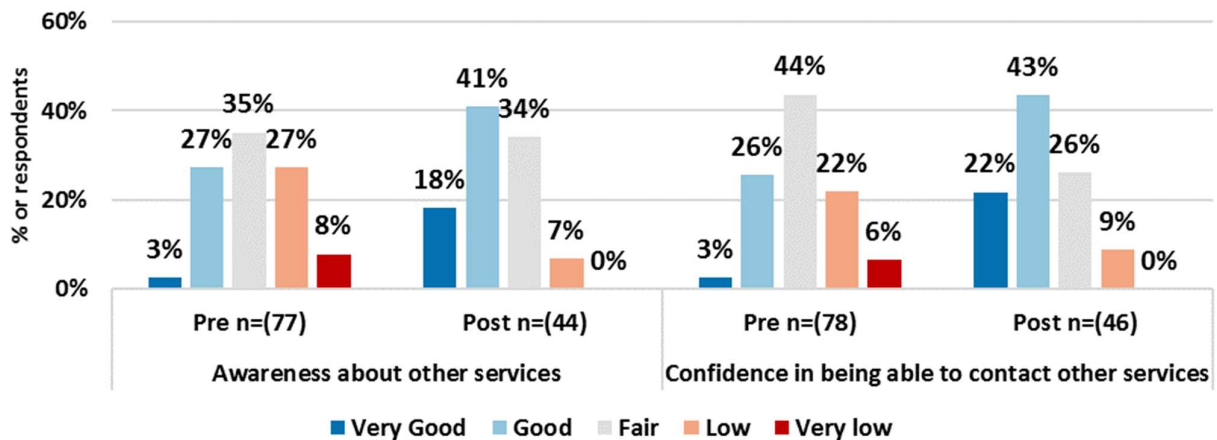
### 2.5.1 Before starting Facing the Future

Many respondents (62%) had already accessed support from other services prior to attending Facing the Future sessions. Of those, the majority had received some sort of counselling or therapy from a range of organisations. The NHS (mainly GPs), SOBS and Cruse were the most frequently mentioned. A couple of respondents had called Samaritans, and a range of other local and national support groups were identified. Respondents felt this support was helping them talk about their thoughts and emotions and address issues such as isolation and guilt. A few had found support online.

### 2.5.2 Awareness and confidence

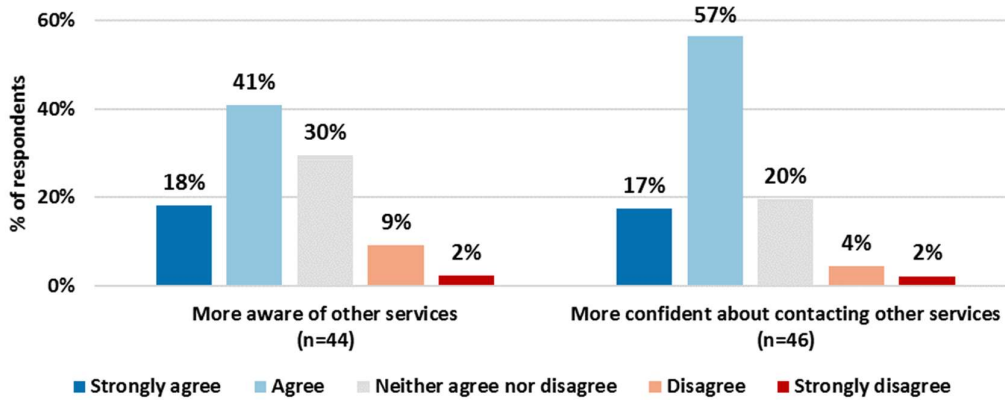
Following the group sessions, respondents reported an increased awareness of support services available to them and also a greater degree of confidence to access them.

**Figure 10 – The level of awareness about other services, and the confidence in contacting them seems to be greater in the post-programme survey results than the pre-programme ones**



The majority attributed increases in awareness and confidence to their attendance of the group sessions.

**Figure 11 - Most respondents agree that, as a result of attending in the group sessions, they are more aware of other services, and feel more confident contacting them**



### 2.5.3 Using support services in the future

Of the 46 respondents that answered the question about whether their perceptions about accessing services for emotional support had changed, half said 'yes' saying they felt it was now easier asking/looking for support. Also, that they could see the benefit and value of other support groups/services.

Feedback from the interviews suggests that this has been a combination of other group members sharing their knowledge of available services, but also talking about the positive experience they have had of accessing other forms of support. Interviewees also commented that facilitators had provided information about support available and that was helpful for future reference.

When asked in the survey if they would be accessing further support 39% said they planned to. Potential sources of support identified included counselling, support offered by Cruse and attending SOBS. 59% of respondents to the questionnaire said they didn't know if they would access further support.

Feedback from interviews may explain most respondents didn't know if they would access further support. Several interviewees said that immediately following Facing the Future they were still processing the experience and were not yet ready to be think about specific next steps. Interviewees also revealed that whilst Facing the Future can play an important part in helping with their bereavement it is a relatively short intervention in what, for many, is a very long journey. That participants have an increased awareness of support available and the confidence to contact them, is an important outcome as it is likely participants will need additional support at some stage in the future.

## 2.6 Peer support

The majority of respondents (74%) planned to keep in touch with other members of the group for continued support and to share their experiences and thoughts moving forward. A couple of those interviewed reported that this was already happening, with participants now meeting up on a monthly basis. This was reported to be a valuable source of ongoing support that provides a safe space to discuss thoughts, feelings and experiences as participants continued on their bereavement journey. In these instances, participants reported that the group had fostered a strong bond amongst participants. For others who did not plan to keep in touch, it appeared they did not form relationships at a level they felt worth continuing with.

From interviews, it appeared that plans for the continuation of the group normally developed naturally from discussions between participants, it was not something prompted or promoted by the facilitators. One interviewee did comment that if continuation of the group was an intended outcome of the programme, then if it didn't arise naturally the facilitators should perhaps suggest it.

## 2.7 Changing perceptions of Samaritans and Cruse

More than half (57%) of respondents indicated their perceptions of Samaritans and Cruse had changed as a result of attending the sessions. Of the 21 that explained how their perceptions had changed 18 felt they had a better knowledge and understanding of what the organisations did. The most common perception changed was in relation to Samaritans which was seen primarily as a telephone listening service for people in crisis. Respondents indicated that their change in perception meant they were more likely to seek support from them again. They felt the service both organisations were offering through Facing the Future was valuable to them and others in similar situations.

“I never would have considered contacting the Samaritans because I thought it was for people that were in crisis, rather than just finding things hard. I had not heard of Cruse before and I would contact them if I felt I needed to”

“I feel Cruse and Samaritans are so much more accessible to me now”

“I feel Cruse and Samaritans understand that people bereaved by suicide have a real need that is not provided by the NHS and doctors' surgeries”

“I had tried numerous times prior to Facing the Future to access bereavement counselling but due to waiting lists couldn't whereas I got straight on this course so I felt positive experience from both agencies”



## 2.8 Recommend to others

When asked if they would recommend Facing the Future to others, 49/50 who responded said they would. The reasons given have been grouped into themes and can be summarised as:

- ★ The sessions enabled me to speak with others/share experiences (23)

“Sharing my experiences with people who I feel truly understood my particular type of loss helped me and I am very grateful for their support”

- ★ The sessions helped me/helped me move forward (14)

“It is comforting to share those experiences and to work together towards glimmers of hope”

- ★ I felt understood (7)

“It is important to talk and to hear from others in a similar situation. It is a comfort to talk to people who really "get it" without having to explain yourself”

- ★ The group provided a safe/non-judgemental space (6)

“...understanding and support from other people and a safe space in which to reflect on feelings and emotions”

- ★ The sessions helped me feel less isolated (5)

“Bereavement by suicide is an isolating experience, society isn't good at dealing with it, so that sense of 'me too' is very important”

“It was helpful to see that you aren't alone in this”



### 3 HOW THE GROUPS ARE WORKING

This section focuses on how people are accessing the service and how well it met their needs.

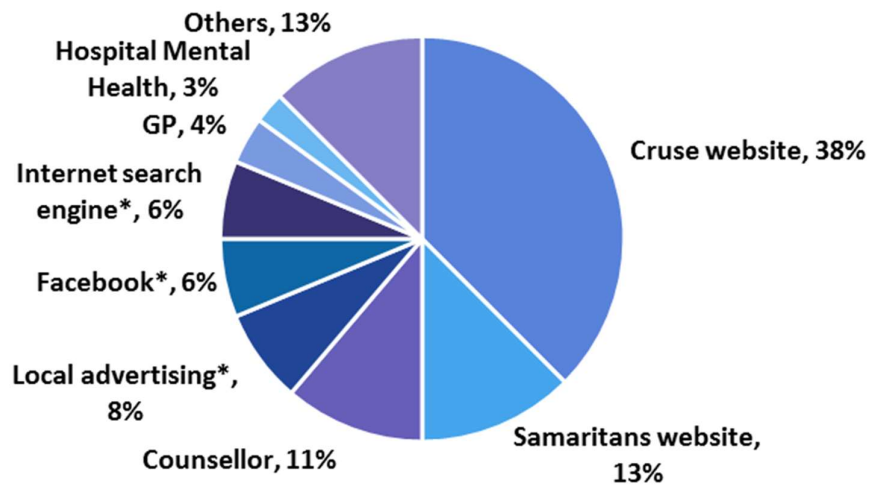
#### 3.1 Finding out about Facing the Future

How to promote the service effectively has been a challenge from the outset. Raising awareness of the service to other professionals and organisations that may have contact with people bereaved by suicide, so that people can be signposted, has been difficult. Speaking with branch leads on the second occasion, feedback suggests that they have approached the promotion of the service with clearer intent and had more time to focus resources, though still limited, to this aspect of delivery. Previously getting the groups up and running, as the programme was very new, seemed to absorb most of the energy. Branch leads were now using existing networks and contacts to raise awareness as well as mailshots and posters in likely places such as GP's surgeries.

Despite these efforts, most participants report finding their way to Facing the Future via websites, 38% through the Cruse website and 13% through the Samaritans website. Others had used search engines or other websites whilst actively seeking support. Very small numbers reported finding out about the service through professionals (GPs, counsellors, mental health).

**Figure 12 – Most respondents found out about the sessions through online sources, mostly from the Cruse website.**

**Through a Counsellor (or therapist), or through local advertising (adverts, posters, flyers) are the two most common non-online sources.**



N=80

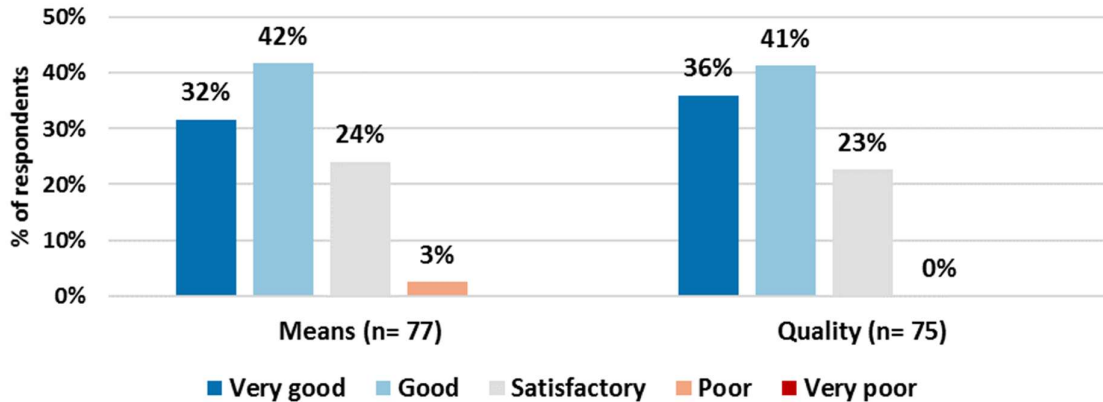
\* answers codified from free text response in others category

This suggests that there may be individuals who could benefit from the service but who are not actively seeking help through the same avenues as those who do find out about the service.

### 3.2 Accessing the service

Nearly all respondents indicated that communication during the period from registering an interest to attending the group sessions was good or very good. Only 2 respondents indicated they thought the means of communication was poor.

**Figure 13 – Most respondents had a good or very good experience with the means and quality of Samaritans/Cruse communications**



Overall, 84% of respondents didn't think anything else could have been done better during that period. Of the 16% that felt things could have been done better during that period the main issues were around cancellations and the waiting time to get into a group. For some that felt they needed help at that specific point in time, they felt the groups should run with fewer numbers if necessary rather than cancelling or an alternative support should have been provided or signposted. Whilst project managers have pointed out that support is signposted on their e-mails our responses indicate these may not always be landing with recipients.

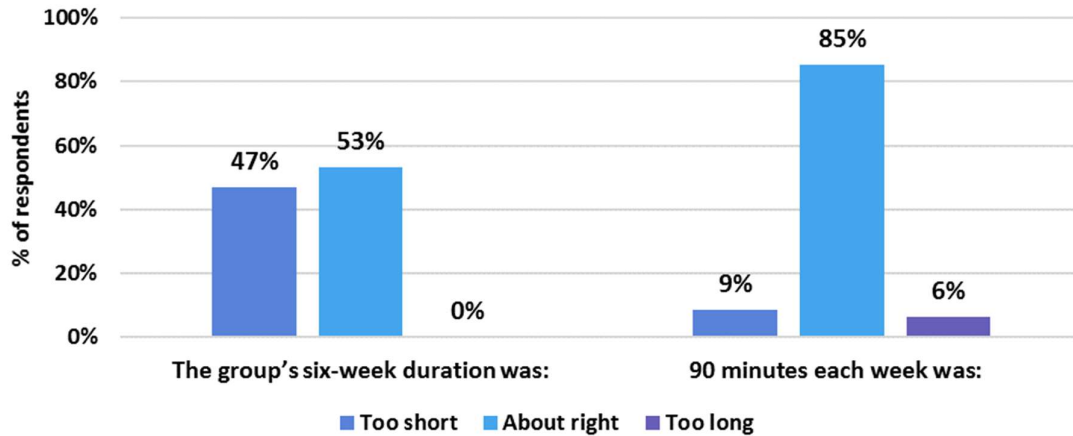
### 3.3 Organisational and logistical matters

#### 3.3.1 Programme structure

The majority of respondents felt the 90 minute sessions were the right duration. Some respondents and interviewees commented that with small groups, in some instances 2 or 3 people, 90 minutes was a little too long. However, as the groups should run with around 8 the duration would appear to be about right when the optimum number of participants are attending. Just over half felt they would have liked more sessions. Findings from the interviews would suggest that participants felt they would have continued to benefit, and make further progress, had there been another 2-4 sessions.

“I think there was still more for me to get from the session. Another few would have helped me to move on that bit more”

**Figure 14 – While most respondents felt the session duration was about right, roughly half felt the six-week duration was too short, but none thought it was too long**



N=47

### 3.3.2 Group size

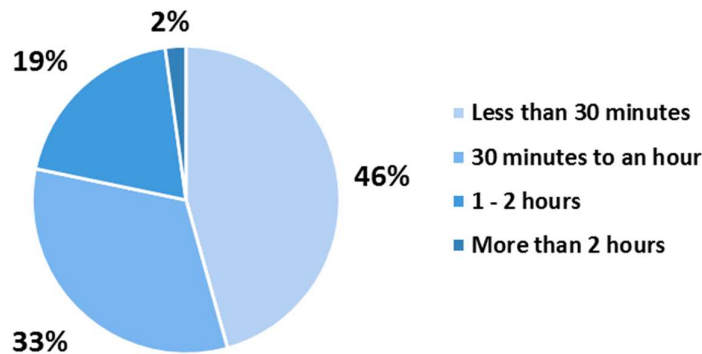
Most respondents felt the group size was about right. Of those that felt differently, 13% felt there should be fewer members whilst 15% felt there should be more. Given the variability in attendees, it is not entirely clear if this relates to the actual number or the planned number. While most groups started with at least 5 participants only half of those finished with 5 or more. Only two groups started with 8 both completing with 7.

### 3.3.3 Location and venues

Almost two thirds of venues were rated as good and the vast majority of the other respondents rated venues as adequate. Interviews with branch leads indicated a high level of awareness about the quality and location of the venue as being a potential barrier, so ensuring they had somewhere that was accessible and that was made welcoming were important considerations for branches setting up groups.

**Figure 15 – Most survey participants reported travelling less than an hour to get to the venue**

**46% of participants had less than 30 minutes travel time**  
**Only one reported having to travel more than two hours**

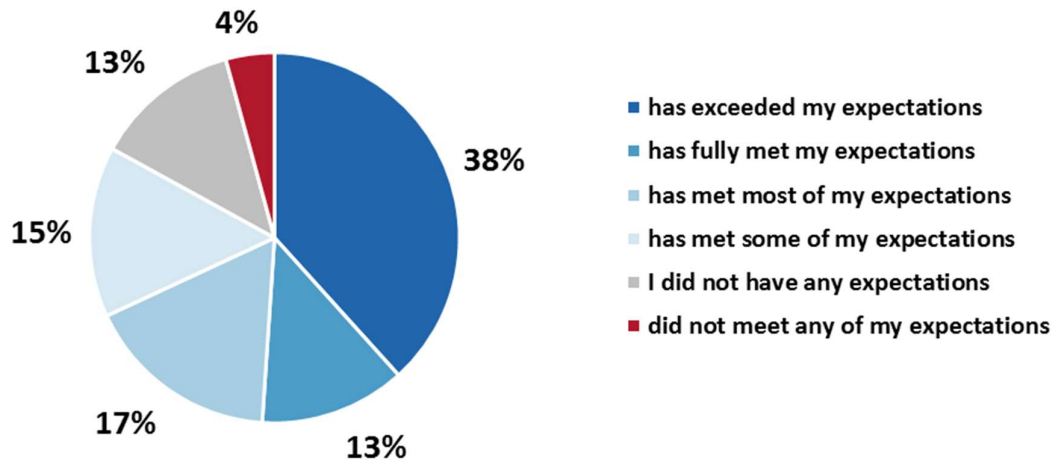


N=47

### 3.4 Meeting expectations

For respondents that had prior expectations about the programme, the vast majority felt that at least some of their expectations had been met. Just over half (51%) stated the support group had either fully met or exceeded their expectations.

**Figure 16 - Most respondents felt the support group met their expectations**



N=47

Expectations tended to be in relation to the sessions providing an opportunity to meet and share experiences with people that were in a similar situation, with similar feelings and therefore an understanding of what each other was going through. Other expectations were related to the sessions helping people to move forward.

Those that had their expectations met reported that they had been able to share their experiences with empathetic people, who were experiencing similar things to them, which had made them feel better, more positive and less guilty. Just being able to speak about their feelings in a safe environment has helped move participants forward.

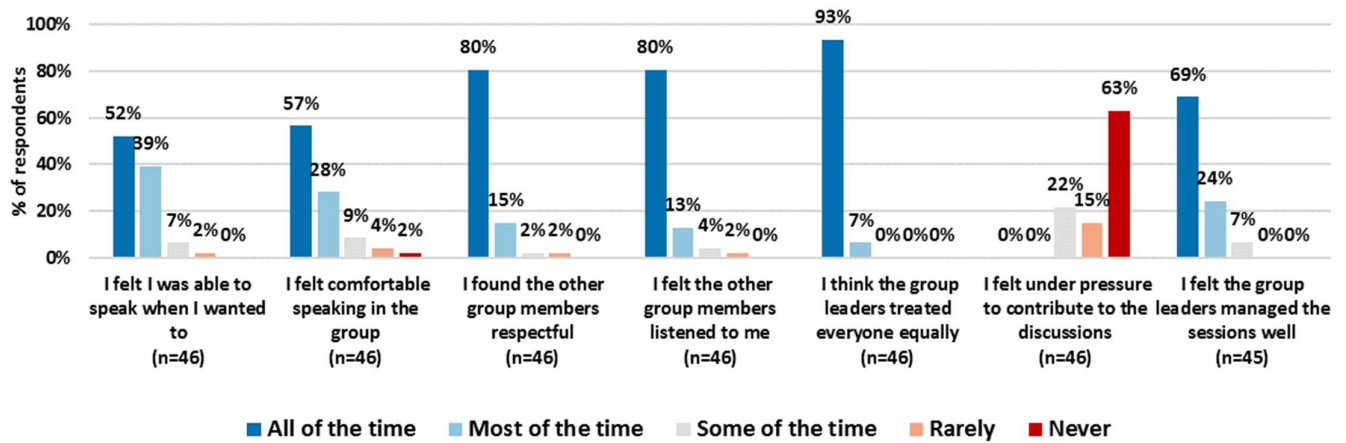
“I was anxious about being in a group, but there was something about having the chance to be with others with similar experiences to me”

Those that felt their expectations had not been fully met, expressed that they had not always found enough similarity between other group members, either in their bereavement or just generally as people. A small number felt that being in a group of people that had suffered the same bereavement, in terms of the relationship to the deceased, length of time since bereavement and even mode of death, would have been better. Of course, this would make bringing groups, in terms of achieving sufficient numbers, far more challenging. There were some indications that the group did not always 'work' and this limited progress/outcomes as a few felt they were still 'lost' and looking for answers.

### 3.5 Reflections about the group sessions

Respondents were asked to rate their overall experience of the group sessions using a number of statements. Overall the responses indicate the groups were a positive experience for most of the people, most of the time.

**Figure 17 – Overall respondents felt positive about the group sessions**



When asked for further explanation of their experience, some respondents emphasised that the facilitators did well in guiding the discussion. Feedback from interviewees also suggested that facilitators struck a very good balance between letting the group guide the discussion, but stepping in when required to introduce new ideas or perspectives, or steer the discussion when needed. Contrary to this, a few pointed out that it would have been helpful if facilitators contributed more in the discussion providing input or guidance.

It was also reported that the facilitators were very effective at making group members feel welcome, safe and comfortable in the environment. Furthermore, interview feedback suggests that they were also skilled in providing everyone with the opportunity to speak without making anyone feel pressured to do so.

“The facilitators were extremely skilled and compassionate, everyone in the group were given the opportunity to have their voice heard”

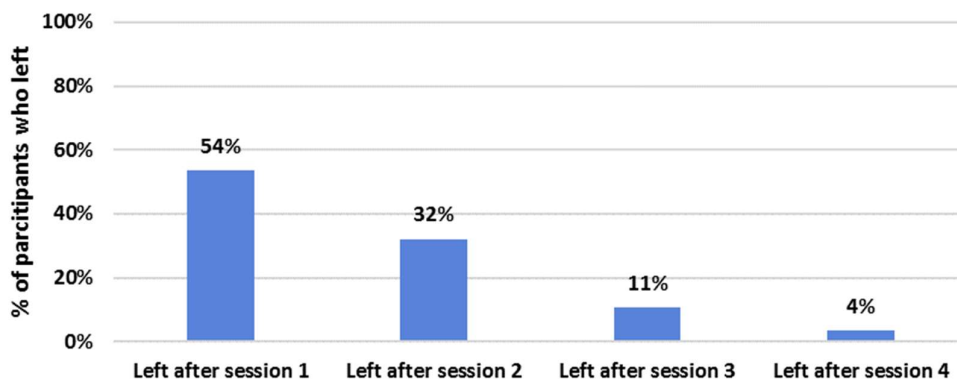
“The group led the discussion but they (facilitators) would come in when necessary – they seemed to judge it just right every time”

When asked if there was anything that could have been done differently to have a better experience only 11 respondents provided suggestions. A small number (n3) felt they wanted more input from the group leaders but overall there were no common themes which would indicate there was anything intrinsically wrong about the way the sessions are being delivered.

### 3.6 Reasons participant drop out

The number of people that have registered an interest in attending Facing the Future over the period to date has been 338. Of those 146 were due to start a group but 39 withdrew before the sessions started. Of the 107 that started, 81 completed the group sessions, a further drop out of 26 people. This has presented some challenges with some groups starting and/or completing with fewer than the recommended minimum of 5. A couple of groups have not completed all 6 sessions as all participants dropped out. Most participants that drop out do so after the first or second session.

**Figure 18 – Most drop outs happened in the first sessions**



In an attempt to understand why participants drop out or never start, a survey was sent to 86 people who were registered for a group but either did not attend or dropped out part way through. 20 people responded to the drop-out questionnaire, though not all questions were answered. 12 had not attended any sessions and 5 responded that they had attended between 2 and 4 sessions (3 did not respond to this question). With a limited amount of data, we do need to be cautious in drawing conclusions however the responses do provide some additional insight.

Reasons for people dropping out were quite varied and there were no significant common themes that could be identified.

The reasons for dropping out before attending included:

- ★ not being ready (4) – for those that expanded on this they felt listening to others' stories would be too traumatic
- ★ feeling too vulnerable to travel (2) – one commented specifically that they felt the area the group was being run was unsafe, a feeling echoed by one of the facilitators, the other respondent stated that travelling at night to the location was too difficult for them
- ★ needed help earlier
- ★ was offered an alternative

The reasons for dropping out part way through included it being too distressing, bringing back memories that made them feel worse. One respondent that participated in an interview commented that they had expected the sessions to provide more practical advice about things such as finding a trustworthy tradesmen or advice around starting to date again. For this person, they felt they had processed their thoughts feelings and emotions and the group brought it all back making them feel worse at an emotional level. Other participants that dropped out

reported that the mix within the group was not right for them and it was too much about looking back and not looking forward, like the name of the sessions would suggest.

Other comments received through the questionnaire and interviews suggest the venue is important and that a dark or unwelcoming space can be off-putting. When it is so hard to get over the threshold in the first instance, the atmosphere of a place and the people will always be important.

Two respondents did feel worse after attending sessions and did attribute this to some degree to their attendance. There is no doubt a risk that people bereaved by suicide will have set backs which may be triggered by attending the group. However, we also have to accept that this approach will not be for everyone.



## 4 CHALLENGES & SUCCESSES

In the interim report, we identified some challenges and potential issues that we felt needed to be addressed by the programme in order to secure its future, and to enable the service to become embedded into business as usual. We now return to some of these issues to see how they have been addressed, what's working well and what challenges still remain.

### 4.1 Ironing out the issues

#### 4.1.1 Advisor call process

The number of volunteers able to carry out the telephone advisor calls to applicants has now increased to a more sustainable level. It has proved challenging recruiting for this role but it is a vital element in the process. Unlike the facilitators that work in pairs or small teams, with support within branches, the telephone advisors tend to be more isolated so finding ways of supporting them and giving them opportunities to share their learning has been important. Maintaining this element of the service will be important going forward.

#### 4.1.2 Local control

During this final phase of the evaluation there seemed to be less concern about local control as branch leads were able to see both the benefits and purpose of having a centralised enrolment and client management systems. This may reflect better communication between central and local offices, reducing the feeling of branches being less well informed about what was going on. Branch leads may also have recognised that along with everything else, managing the enrolment process at local level would have merely added to the burden of already scarce resources.

#### 4.1.3 Support for facilitators

The interim report identified some inconsistencies with supervision which, though mostly good was still a little patchy. This was not something we heard in the final phase and all facilitators really valued the supervision they received and saw it as an essential part of the service.

#### 4.1.4 Training facilitators

Whilst the training delivered to volunteers has always been highly rated, in the early stages there were some significant time lags between training and putting skills into practice. This is an almost inevitable feature of projects where some elements take longer to develop than others and where there are interdependencies this can have a detrimental effect. Now the groups are up and running, training seems to be being received in a timelier fashion and certainly it was not raised as an issue in this final stage.

Moving forward, training and competence does present some challenges detailed in section 4.3

### 4.2 What has worked well?

#### 4.2.1 The Partnership

The partnership between Samaritans and Cruse continues to work well at national and local level. At all levels, we have heard that the complementarity of skills and experience has been important factors in the success of the pilot. Nearly all agree that this is a service, that whilst in theory could be delivered by a single organisation, is much better because it is delivered in partnership.



Despite some quite significant differences in approach for the partners, for example safeguarding and confidentiality, they have found a way to work together. Despite the challenges this has brought, and the extra time it has sometimes taken, those involved feel it is a price worth paying for the benefits achieved. Shared values and goals have kept the partnership on track.

The partnership also brings with it mutual responsibility, a feeling of not wanting to let the other down, at both local and national level. So, when times are hard you just dig in, when if perhaps it had been a single organisation, you would just walk away because it is too hard

Good communication has been an essential part of the partnership. From the project managers, down to the branch leads and facilitators. Whilst it has not always been smooth between the centre and local branches, overall it has worked well, and improved over time. Two-way communication is improving with branches keeping central office better informed about what they are doing and the centre being more responsive within resource limitations.

At local level, much has to be done by e-mail because getting everyone together can be difficult but it has worked well. Facilitators have often formed excellent working relationships, not only to get the job done but to support each other through the often nerve-wracking moments and challenges of running these sessions.

#### **4.2.2 A local service supported centrally**

The role of central office in putting the infrastructure in place and providing support has been key to success. The centralised assessment process and CRM has ensured the participants are appropriate for service. There are guidelines and policies in place that ensure all participants get the same level of service. Training is delivered centrally so both organisations can be assured of the quality of the training delivered. Support and guidance in relation to promotion have also ensured the same message is being delivered to the press and public and efficiencies have been gained by centrally producing resources, such as press release templates and promotional material. Having a central hub has also enabled shared learning of experience and good practice.

Devolving the day-to-day management to local level has allowed branches to deliver the service at a rate and level appropriate to their locality. Whilst on reflection it may have been better to bring branches in at an earlier stage, overall branch leads have seemed happy to take on the responsibility of delivering the service with support from the centre. They have been able to focus on recruiting and supporting their facilitators which is an essential part of the service delivery.

Delivering the service without this infrastructure would have been beyond the means of most branches, and this is an important issue when considering the long-term sustainability of the service. Conversely, a degree of local autonomy is essential so that branches can take ownership of the service locally. The opportunity has also helped to create and develop local partnerships between the two organisations which could lead to other projects and certainly an improved understanding of each other's role in the support landscape.

#### **4.2.3 The people**

The delivery of new and innovative services often relies on the dedication and commitment of a few, and Facing the Future is no exception. Branch leads and facilitators that we have spoken to have been committed to making it work, despite the challenges, with the majority reporting that they would like to continue in the role and deliver the service to future groups. Volunteers have to give up additional time, to meet the training requirement and to plan the delivery of the service at local level. Volunteers are using their own time and contacts to promote the service. Using these existing networks has been helpful in spreading the word, though we have no evidence of the effectiveness.

#### 4.2.4 Reach

Whilst we have already noted that the pilot did not reach as many people as planned at the beginning, it has supported over 100 people through the group sessions. In addition to providing direct support; raising awareness of other support available; and the increase in confidence about accessing other services, it has the potential to make sure people continue to get the support they need beyond participation in Facing the Future. It is clear six weeks, for most people, is not going to fulfil the whole recovery journey for people bereaved by suicide. It is a small, but important step, in a long journey. For those that have participated so far, the vast majority have taken something positive away and moved forward.

### 4.3 What continues to be a challenge

#### 4.3.1 Raising awareness

Raising awareness of the service has always been a challenge. Branches appreciated support from central office with promotion, both in terms of resources and advice, and in this final phase there were fewer niggles about responsiveness. The budget available for promotion of the service has been limited. Locally, volunteer capacity created challenges and most services relied on the goodwill of volunteers giving up additional time to promote the service whether that was through mailshots or exploiting their networks. While both central office and branches might have liked more time and money to spend on promotion the challenge has really been about finding out what works.

Local promotion is certainly having some effect but it isn't clear what approach is most effective and overall the effort may be outweighing the rewards. It is not a service to be accessed immediately on bereavement so, funeral directors for example, may not be best placed to signpost. GPs and other health professionals are likely to see potential participants. However, they often have so many services for so many conditions that expecting them to recall information specifically for patients that have been bereaved by suicide is perhaps unreasonable. Overall, there are still very few referrals coming through health professionals, other than counsellors.

A few volunteers commented that there is still a stigma around suicide, such that some organisations would not put up posters advertising this service. Some branches are now part of their local suicide prevention forums which will hopefully help to embed the service in the support landscape.

Some scoping work to find out what does work at a local level may be worth consideration in an attempt to find the most successful approaches to local promotion. Timeliness may well be important, advertising a few weeks before groups are about to begin, for example, rather than trying to have a constant presence. However, most participants are still finding out about Facing the Future through the Cruse or Samaritans website, with a smaller proportion finding it through more general online searches or social media sites. Given this is the most common route to the service there is an argument that maximising online presence is the most efficient and effective way to make sure people in need find out about Facing the Future.

#### 4.3.2 Low numbers and participant drop out

The pilot has not delivered the number of planned groups, nor reached target numbers for participants. A general lack of awareness may be restricting demand and contributing to the problem of low numbers subscribing to the service. However, on reflection it was felt by both project managers that these targets were perhaps unrealistically high. They were based on numbers attending Facing the Future in London which was not only an established service but operating in quite a different geographical context to the pilot groups.

Of more concern is the low numbers at local level. For reasons not fully understood, most groups remain undersubscribed. Only 1 group started with 8 and of the 21 groups that completed to date only 7 retained all of the participants. 24% of participants that start subsequently drop out. On average groups started with 5 participants (the minimum recommended number) and completed with 4 participants.

Whether a group continues to run with numbers below the recommended minimum of 5 is left as a local decision. In some instances, groups have folded when numbers have dropped, but this is usually only when 1 person remains. Low numbers are more difficult to manage and the experience potentially diminished. The difficulty is that the dynamic is not the same, there are fewer people to share their experience. That said cancellation of sessions can also have a detrimental effect, with participants having to wait longer for support and facing the disappointment of not getting support when they expected to.

Oversubscribing was recommended at the interim stage and there is still a case to make for this approach.

#### **4.3.3 Recruiting and retaining facilitators**

Identifying facilitators that have the skills, experience and commitment to take on the role is still difficult. In the first phase, options were often quite limited as only a few people volunteered. As the service has evolved, branch leads have recognised that this role is not necessarily suited to 'just anyone' but it is hard to be selective when there are limited numbers of volunteers that want to take on the role. Whilst branches will never be running more than a few groups per year, having some level of resilience is necessary.

At the same time recruitment and training of facilitators has to be managed so that there are not significant delays between training and delivery. Having enough facilitators so that individuals are not overburdened, whilst not having volunteers trained but with no opportunity to put their skills into practice and potentially becoming demoralised, is a difficult balance to strike.

#### **4.3.4 Training facilitators and retaining competence**

As mentioned previously, the period between training and delivery should be minimised but with relatively small numbers of facilitators required, training more frequently than once or twice a year is difficult to justify. Also as the service is delivered fairly infrequently it may be difficult to maintain competence through practice. Refresher training and opportunities to share good practice and experience offer some solution to these challenges. The conference held in 2016 to bring together facilitators and branch leads demonstrated the value of these forums.

## 5 WHAT DIFFERENCE DOES FACING THE FUTURE MAKE?

This final section returns to the key evaluation questions which were:

### 5.1.1 To what degree did the service improve the wellbeing of service users, if at all?

If you were to look at the WEMWBS scores you might conclude that Facing the Future hasn't significantly improved the wellbeing of service users. Some seem to have gone backwards, others have had small improvements. However, we know that dealing with any bereavement, let alone one through suicide, is a long journey, and people may stop moving forward and even move backwards throughout that time. So, it would be unrealistic to expect significant changes over what is a relatively short period of time.

The WEMWBS does show some general improvement, looking at all those that participated, and whilst we can't attribute that improvement solely to Facing the Future, the responses to questionnaires and interviews indicate most participants are gaining benefits, which are helping them to move forward, to varying degrees. We heard that even though they would still have bad times, they felt more able to cope and some were feeling more positive about facing their future.

### 5.1.2 To what degree did the service reduce feelings of isolation for the service users, if at all?

One of the standout findings from the participants was that the opportunity to speak about their experience was hugely important. Many felt unable to talk about their bereavement with family and friends such is the stigma still attached to the subject and the difficult feelings and emotions they have experienced. Being within a group of people that have shared a similar experience, and feeling safe to speak openly about their feelings, has been significant. The feeling of 'I'm not the only one' has helped many start to come to terms with the way they feel.

Some we spoke to also said that being able to speak about it within the group had then given them the strength and confidence to speak about it more to family and friends. This is important as once the sessions were finished they were able to keep on talking about their loss.

### 5.1.3 Has the service increased access to other appropriate support services for service users?

Whilst most participants had already had some other support prior to attending Facing the Future, most felt that their knowledge of available support services had increased. Additionally, they felt more confident about seeking support. Whilst not all were sure they would seek further support, there is a clear indication that if they felt they needed it they would seek that support in the future. This includes returning to Cruse and/or Samaritans, given that participants now have a greater understanding of what both organisations can do to support them.

### 5.1.4 Reaching those in need

The target numbers were not reached but there are good reasons for this. It is a new service and it takes time to establish the infrastructure to deliver, as well as finding the best mechanisms to get the service embedded, into the local support networks. Importantly the service has been able to reach, and support, through the groups, 107 people in need.

That most participants are white, middle aged women is perhaps not unexpected but this is an area that does need further consideration. How can the service reach more men, young people and those from ethnic minorities?

“People bereaved by suicide need to know that groups exist, so that they are taken seriously and to break down the stigma and silence”

#### 5.1.5 In summary

Branch leads and facilitators unanimously felt that Facing the Future is a valuable service that fills an important gap in local service provision. Branch leads are keen to continue to deliver the service and support wider roll out to reach more people.

The Department of Health's Suicide Prevention Strategy also states that 'effective and timely emotional and practical support for families bereaved or affected by suicide is essential to help the grieving process, prevent further long-term emotional distress and support recovery'.

However, the need can be hardly better summarised than in the words of one participant:

“...if I had had this opportunity 25 years ago I may not have been so detached from the experience and may well have been able to start processing it properly instead of getting mentally unwell myself. Suicide can be contagious if not treated”

## 6 THE FUTURE FOR FACING THE FUTURE

We understand it is the intention of both Samaritans and Cruse to continue with the partnership for the foreseeable future. Therefore, as the pilot ends the question to be answered is what needs to happen to allow the service to be developed and sustained?

In this final section, we provide some points for consideration and recommendations.

### 6.1 Increasing reach

As we know, more than 4000 people take their own lives every year in England so we know there are many people out there that need support. Facing the Future is not for everyone, but it would not be unreasonable to assume that there are people that would benefit from this service that are currently unaware of its existence.

Most people are finding out about the service from digital sources and so it would make sense to focus further effort in maximising an online presence, ensuring that when people are searching the internet, Facing the Future is easily found. Also, that when searching the Internet more generally Facing the Future has a prominent position. Increased activity on social media may also be worth considering as a means of raising awareness of the service.

We understand work is already underway to improve online presence and we agree this is an important area to focus on moving forward.

For those that are finding the service through local connections, most are via counselling services they are already receiving support from. Therefore, at local level we would recommend focussing on raising the profile with other counselling services to get the service more embedded into the local support network.

Local advertising and boosting social media activity timed to coincide with forthcoming groups might also reap some benefit.

### 6.2 The Partnership

The partnership between Samaritans and Cruse is a unique selling point and greatly adds to the quality of the service delivered. The mutual accountability provides an additional impetus to keep things going even when it gets difficult. Whilst some felt the service could be delivered by a single organisation no-one thought it should be delivered by a single organisation.

We would strongly recommend that Facing the Future continues to be delivered in partnership, accepting that once part of business as usual, the terms of the partnership may shift slightly.

### 6.3 Steady growth

This pilot has been a 'slow burn' and is still relatively new. There are still some challenges and as the service transitions into business as usual there will be a settling-in period. Whilst it may be tempting to expand, to increase reach, we feel that a period of consolidation for those groups that are already operating would be sensible. Unless there is a significant gap, using the experienced teams to reach out slightly further in their own regions, rather than trying to establish new partnerships at this stage, would be recommended.



## 6.4 Capacity

Steady growth also reduces the risk around the capacity of organisations to deliver the service. We have mentioned the difficulties of recruiting facilitators. We also know that within branches other services have to be delivered and with a limited volunteer capacity, branches have to strike a careful balance. The burden cannot be carried by just a few.

As well as facilitators, consideration needs to be given to supervision which is a vital, and highly valued part of the service. All supervisors are currently Cruse volunteers. Should demand for the service grow rapidly, or beyond a certain level, Samaritans may need to consider providing some supervisors. There are implications in doing this, not least of which would be the additional training required for those volunteers, however longer term this may be necessary.

## 6.5 Infrastructure

All branch leads agreed that the infrastructure provided centrally would need to be continued in order to deliver the service locally, specifically:

- ★ continued support from central office for administration and assessment of potential participants
- ★ continued access to quality training, at national or regional level
- ★ continued access to supervision for facilitators

Without this infrastructure, local branches do not have the means to deliver the service, and some have said the service would cease. Others said they would have to consider how it could be delivered locally and if it was a priority for them.

Central support is vital not only for the service to continue to be delivered practically but also to ensure the service is delivered consistently, and to the required standard. It is our understanding that the partnership has agreed to continue to deliver all the above aspects of the service.

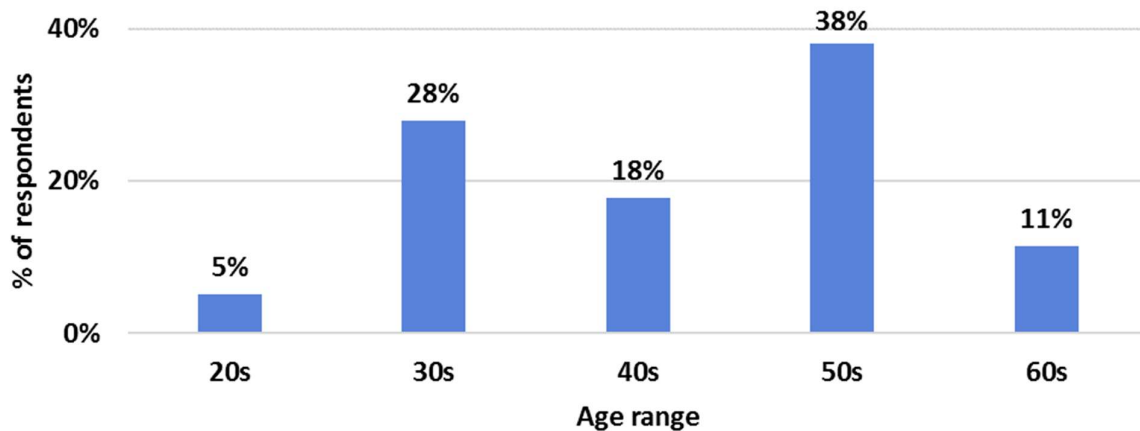
## 6.6 Alternative support

The value of Facing the Future in building confidence and knowledge so that participants can continue to access support as and when it is needed, has been highlighted in the main report. For those that drop out, or never attend, there is a chance that their 'options' are suddenly reduced to none. We know that during the assessment process people who are not eligible for, or decide they do not want to attend, Facing the Future, are frequently signposted to other support and this is regarded as an important part of the process. For those that drop out, never attend or when a group folds, finding some means to signpost to different support may be of value.

## APPENDIX 1 – DEMOGRAPHIC DATA FROM PRE-PROGRAMME SURVEYS

NB This does not accurately reflect attendees as some of those who completed a pre-programme survey may not have attended and others have attended but not completed a survey.

**Figure 19 - Respondents by age**



N=79

**Figure 20 - Respondents by ethnicity**

Ethnicity	#	%
White background	74	93%
Asian/Asian British	4	5%
Caribbean	1	1%
Chinese	1	1%
<b>Total</b>	<b>80</b>	<b>100%</b>

**Figure 21 - Respondents by gender**

Gender	#	%
Female	68	85%
Male	12	15%
<b>Total</b>	<b>80</b>	<b>100%</b>