INITIAL EQUALITY IMPACT ASSESSMENT

Name of the activity being assessed	Blackburn with Darwen Suicide Prevention Strategy				
Directorate / Department	Public Health	**Service**	Suicide Prevention Strategy	**Assessment lead**	Sanam Taj
Is this a new or existing activity?	☒ New ☐ Existing	**Responsible manager / director for the assessment**		Dominic Harrison	
Date EIA started	11/05/2015	**Implementation date of the activity**		04/04/2016	

SECTION 1 - ABOUT YOUR ACTIVITY

How was the need for this activity identified?	The development of a local suicide action plan is recommended by the government and supports the 2012 strategy 'Preventing Suicide in England. A Cross Government Outcomes Strategy to Save Lives'. Suicide data is made available by Public Health England (PHE) for all boroughs of England. PHE's Suicide Prevention Profile for Blackburn with Darwen, for the period 2011-2013, shows that the suicide rate was higher than the regional and national average. Furthermore, regional and national trends also showed that male suicide rates were higher than female suicide rates. • Local BwD audit Office of National Statistics (ONS) data revealed similar trends for both 2012 and 2013, where 87.5% were male and 12.5% were female in 2012 (total n=16). In 2013; 92% were male and 8% female (total n=13). • The audit has also revealed that the group with the highest number of deaths by suicide were White men aged 45+ years. This is different to national statistics which again highlight that the death by suicide rate is higher in White men but within the 25-49 year age group. Our audit highlights similarities and differences with the national strategy and their findings and therefore our local strategy will reflect this when developed and subsequently implemented.
What is the activity looking to achieve? **What are the aims and objectives?**	The aim of the Suicide Prevention Strategy is to reduce the rate of suicide in Blackburn with Darwen by using a life-course approach and focusing on mental wellbeing. The objectives are: • Joint working (and commissioning where relevant) to develop clear, consistent and streamlined pathways between services to help in early identification of at risk individuals • Collation and timely reporting of data related to suicide and self-harm to help develop and adapt services according to need identified • Focus on promoting mental wellbeing in the whole population and where relevant tailor to different community groups and those identified as high risk by local data • Support those bereaved by suicide and those affected by attempted suicide • Support research, data collection and monitoring

Services currently provided (if applicable)	• Public Health Commissioned: ASIST Training – 'First Aid' training to help identify people at risk of death by suicide and interventions to prevent • Many services such as Lancashire Womens Centres, the Lancashire MIND and statutory mental health services have programmes/interventions which include suicide prevention interventions. These are both at the community and acute (clinical therapy) levels. • A new Street Triage service has been introduced in the borough. This aims to reduce the number of people with mental ill health being detained in police custody, and from potentially harming themselves. Instead, qualified mental health nurse practitioners provide necessary assessments and interventions ensuring the safety of the individual and in many instances preventing police custody.
Please outline recommendations that have been identified for implementation following a review of the activity.	To implement the Suicide Prevention Strategy via three task and finish groups to cover each life stage and outcomes monitored by an overarching strategy group.
Type of activity	☐ Budget changes ☐ Decommissioning ☐ New activity ☐ Change to existing activity ☐ Commissioning ☒ Other [Strategy]

SECTION 2 - UNDERSTANDING YOUR CUSTOMER

Who else will be involved in undertaking the equality analysis and impact assessment?
Please identify additional sources of information you have used to complete the EIA, e.g. reports; journals; legislation etc.

The Blackburn with Darwen Suicide Prevention Strategy is based on the Public Health England Suicide Prevention Strategy 'Preventing Suicide in England: A cross government outcomes strategy to save lives'. Public Health England has completed an EIA on their suicide prevention strategy (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216929/Final-assessment-of-impact-on-equalities.pdf) and this has been consulted and considered in this local EIA.

Guidance for developing a local suicide prevention action plan:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359993/Guidance_for_developing_a_local_suicide_prevention_action_plan__2_.pdf

Who are you consulting with? How are you consulting with them? *(Please insert any information around surveys and consultations undertaken)*

Three consultation events were carried out in the period December 2014-January 2015. These events included representatives from Public Health, Local Safeguarding Children's Board (LSCB), Clinical Commissioning Group (CCG), 50+ Partnership, Lancashire Women's Centre, Mind (a Mental Health Charity), Salvation Army, Blackburn Community and Voluntary Service (CVS), Alcohol and Drug Services, Lancashire Care Foundation Trust (LCFT), Community Re-start Team, Nightsafe, Lifeline, Blackburn College, Homestart, Child Action North West (CANW), Samaritans, Children and Family Health Service and Midwifery. Please find below an attachment with all consultation feedback. Consultation participants were asked to attend any three consultation workshops (relevant to their work area) each reflecting a different life course i.e. Start Well, Live Well and Age Well. The consultation asked colleagues to consider the objectives from the national strategy and reflect how these can be implemented locally in BwD.

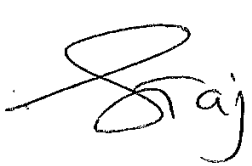
Additionally, feedback has been received from Lancashire LGBT (Lesbian, Gay, Bisexual and Trans) and a representative from Lancashire Constabulary.

Who does the activity impact upon?*	Service users	☒ Yes	☐ No	☐ Indirectly			
	Members of staff	☒ Yes	☐ No	☐ Indirectly			
	General public	☒ Yes	☐ No	☐ Indirectly			
	Carers or families	☒ Yes	☐ No	☐ Indirectly			
	Partner organisations	☒ Yes	☐ No	☐ Indirectly			
Does the activity impact positively or negatively on any of the protected characteristics as stated within the Equality Act (2010)?* **The groups in blue are not protected characteristics** *(please refer to p. 3 of the guidance notes)*	Positive impact	☒ Age	☒ Disability	☒ Gender reassignment	☒ Marriage & Civil Partnership	☒ Pregnancy & maternity	☒ Vulnerable groups
		☒ Race	☒ Religion or belief	☒ Sex	☒ Sexual orientation	☒ Deprived communities	☒ Carers
	Negative impact	☐ Age	☐ Disability	☐ Gender reassignment	☐ Marriage & Civil Partnership	☐ Pregnancy & maternity	☐ Vulnerable groups
		☐ Race	☐ Religion or belief	☐ Sex	☐ Sexual orientation	☐ Deprived communities	☐ Carers
	Don't know	☐ Age	☐ Disability	☐ Gender reassignment	☐ Marriage & Civil Partnership	☐ Pregnancy & maternity	☐ Vulnerable groups
		☐ Race	☐ Religion or belief	☐ Sex	☐ Sexual orientation	☐ Deprived communities	☐ Carers

***If no impact is identified on any of the protected characteristics a full EIA may not be required. Please contact your departmental Corporate Equality & Diversity representative for further information.**

Does the activity contribute towards meeting the Equality Act's general Public Sector Equality Duty? *Refer to p.3 of the guidance for more information* ***A public authority must have 'due regard' (i.e. consciously consider) to the following:***	
DUTY	**DOES THE ACTIVITY MEET THIS DUTY? EXPLAIN**
Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act *(i.e. the activity removes or minimises disadvantages suffered by people due to their protected characteristic)*	The Suicide Prevention Strategy includes actions to reduce inequalities in groups that share protected characteristics. This is in-line with the national strategy as people in these groups are considered high risk of death by suicide. The strategy itself and the action plan within it, include further details and will be made available when Exec Board make the decision to accept the Strategy for Blackburn with Darwen and the partner organisations of the Health and Wellbeing Board approve it.
Advance equality of opportunity between those who share a protected characteristic and those who do not *(i.e. the activity takes steps to meet the needs of people from protected groups where these are different from the needs of other people)*	
Foster good relations between people who share a protected characteristic and those who do not *(i.e. the function encourages people from protected groups to participate in public life or in other activities where their participation is disproportionately low)*	

ASSESSMENT	**Is a full EIA required?**	☐ Yes	☒ No
Please explain how you have reached your conclusion *(A lack of negative impacts must be justified with evidence and clear reasons, highlight how the activity negates or mitigates any possible negative impacts)*			
No negative impact on any of the protected characteristics identified. In developing the national uicide prevention strategy (on which the local strategy is based) recognition of the implications for the people sharing protected characteristics has been an integral part of the process. Details can be found in the EIA of the national suicide prevention strategy: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216929/Final-assessment-of-impact-on-equalities.pdf			

Assessment Lead Signature		**Date**	**12/01/2016**

Appendix 1

Bl;ackburn with Darwen Suicide Prevention Action Plan 2016-2019

	Children and Young People	**Adults**	**Older People**
	(Start Well)	**(Live Well)**	**(Age Well)**
National Strategy:			
Key Objectives:			
Reduce the Suicide rate in general population in England.		1) Outcomes: Reduce stigma by awareness campaigns. 2) make identified high risk areas (i.e. bridges etc) "Safer" I.e. - netting, help line numbers etc. 3) Target 1st response - police, A&E, fire brigade for training. 4) Reduce suicide rate in Blackburn with Darwen. Increase support around suicidal thoughts and behaviours.	
Better Support for those bereaved by suicide.	1)Maintaining is key. I.e. any difference - outcomes (qualitative, effectiveness of interventions. 2) Statutory organisations representation. 3) Differing communities with different priorities/outcomes (Tailored approach). 4) Preventative approaches - Partners organisations, young peoples organisations, clear pathway (what).	1) Reduce suicide rate in the borough. 2) To reduce the rate of suicide and self harm in Blackburn with Darwen. 3) Increase press/media awareness and responsibility. 4) Increase training in ASIST, safe talk and MHFA across the community sites. 5)Life course approach.	1) Reduce suicide rate - raise awareness with partner agencies about service pathways. 2) aims - reduce rate of suicide, support those bereaved or affected by suicide. Outcomes - same as 6 national objectives. 3) The rate of suicide in the borough.

Q: What are BwD's key objectives?	1) Information and promotion of services to key risk groups. 2) Improve mental health in specific groups. 3) Better info for those affected bereaved by suicide. 4) support research, data collection and monitoring of suicide attempts. 5)Self-harm as separate objective? or aim? 6) Training and information - sign posting to services - staff trained appropriately. 7) Q: Are we aiming to reduce self-harm as well? This needs to be specifically stated if it is the case. 8) Crisis in care - Local authority and health and police. 9) Support for those supporting someone with suicidal thoughts or self-harm - working to develop the ability of families etc (holistic approach) 10) 100% BME safe talks! 11) Agree with national strategy, however I like the positive phrasing in Leicestershire strategy - more locality tailored to meet communities - more about well-being. 12) Life course approach, self-harm - under 18's, early identification of those at risk and prevention. 13) Improve early identification - i.e. children - potential risk of ACE - stopping the cycle. 14) Improve/Increase community awareness of risks. Who, what, where and how? Accessing services and support. 15) Campaign awareness. Tailored for young people. 16) Identify early individuals at high risk. Ensure through training for staff.	1)Focus on wellbeing, mental wellbeing. Services - Both in relation to service provider and commissioners. 2) Early identification of people/groups at risk. 3)Better data collection and dissemination - need a different source of data. 4) Review data gathered in order to better understand local needs. Utilise media. Training for front line staff in CVS sector. 5) Reduce the risk of suicide in high risk groups. Provide appropriate support for high risk groups. 6) Develop suicide toolkit for general use. 7) Public awareness campaign. 8) Reduce suicide rate in BwD, Support for those affected by suicide, identify and support high risk groups. 9) Training for those with the public in recognising and preventing suicide. e.g. Teachers, health, social support. JCP. 10) Reduce the risk of suicide in high risk groups. Provide appropriate support for high risk groups. 11) Scope/map frontline services to ascertain level of individuals reporting suicidal thoughts. 12) Influence/explore joint commissioning opportunities. PH, CCG, NHSE and ASC. 13) Reduction in suicide and attempted suicide rates in BwD. Improve multi-agency work with high risk groups to improve resilience factors. Better support fro bereaved by suicide and those affected by attempted suicide. 14) Educate universal services staff on suicide awareness - asking the questions. 15) Crisis response - care pathways and mental health (early intervention and prevention) 16) Reduce the rate of suicide in BwD area. 17) Identify and work with high risk groups around mental health. 18) Work with bereaved or people affected by suicide in developing support package.	1) have a consistent service - especially in emergencies. 2) Support bereaved by suicide. 3) Understand through engagement work, the knowledge communities have around suicide - to reduce the taboo. 4) Same goals as national, but localised priorities for 12 months. e.g. crisis care pathway, data - attempted suicide and qualitative research/insights, awareness and capacity building (training). 5) Implement prevention initiatives to improve mental wellbeing. 6) effective training for all front line staff around suicide. 7) Engage with media - Re: reporting and awareness. 8) Identify early high risk groups and support. Re: multi agency working. 9) Training and awareness for professionals, and people supporting clients at risk. 10) Greater understanding of "at risk" groups - who are they? Why?

1) Reduce the risk of suicide in high risk groups:			
a) Young (and middle aged men)	1) Open dialogue - Target places young men may go social/sport/educational. Open discussion around why? 2) information available online or easily accessible in a variety of public places. 3) Peer mentors in schools. 4) role models - not scared to talk about mental health. 5) Information and advice for family and friends. Easily accessible publically to access and support. 6) A practical risk assessment tool - frontline staff. A parent/carer - build awareness e.g. safe talk (target schools).	Middle aged men - 1) Review 50+ age transition (service spec), working age - older age. Appropriate thresholds, not by chronological age. 2) Target gym's. 3)Target private sector businesses. 4) Information to employers and support and training. 5) information and communications on support services / listening services - improve how access to services.	
b) People in care of mental health services. Inc. inpatients	1) 24 hour access to health professionals without having to go through Gp's and other intermediaries. 2) Out of hours provisions	1) Provide support at the time it is needed (out of hours). 2) Ensure the pathway to support is easy to access.	1) Identify Risk factors in clients. Have they support? 2)risk stratification to identify at risk groups with GP's surgeries. Training got professional within the locality teams on identification and support. 3)Demographical data - 50+ services, identify, predict etc. 4) Mental Health services for over 65's?? data from LCFT. 5) Ask about ACE services - Adverse Child Experience.
c) History of self harm	1) GP's - support and having including A&E. 2) Implement self-harm guidance - NICE. 3) Availability of 1:1 support counselling - Identification of underpinning issues. 4) Self harm and suicide - help for parents. 5) Awareness of minimising self harm. 6) Set up self harm register? 7) Support groups and peer support	1) partnership working 2)Transforming lives. 3)support for families regarding self harm - education and schools. 4) Training A&E.	1) Awareness training for professionals. Support groups for Self harm.

d) Criminal Justice System	1) Impact of crime on individuals - awareness in schools. 2) Assessment of mental health at point of intervention.	1) Probation services. 2) Police community cohesion team. Police force. Marriage - honour based violence. 3) Improve screening in the police and prison systems. 4) Information sharing with other services involved with the individual, so that they can continue support. 5) When needed - information to be shared.	
e) specific occupational groups?	1) Raise awareness among communities through trained volunteers (training to be developed…).	1) Brief intervention - MECC - Identify mental health issues - and sign post. 2) Information and communication through BwD as where to access support for underlying risk factors.	
2) Tailored approaches to improve mental health wellbeing in specific groups.			
a) CYP Inc. vulnerable: Looked after children, care leavers, CYP in youth justice system, young carers.	1) Awareness training for organisations working with vulnerable children and young people. 2) Qualitative research with CAC, Care leavers, CYP in YJS. Triggers/behaviours/what would help?		
b) Survivors of abuse or violence Inc. Sexual abuse.	1) Develop peer support groups - young people. 2) Use existing venues to interact with young people.	1) Wish - Increase ASIST. 2) Link to community safety partnership.	1) Counselling services emotional support - mentoring. 2) Universal assessment - asking these questions - to identify at risk.
c) Veterans		1) Anti stigma awareness - training. 2) Link in with veteran support groups - directory.	
d) people living with long-term physical health		1) Befriending schemes. 2) Ensure support is available when and where needed. 3) Easy access to support all. 4) Carers support.	1) Training for staff in locality teams supporting people with long term conditions.
e) Untreated depression	1) Develop peer support groups - young people. 2) Use existing venues to interact with young people.	1) Workplace health - stress, support for frontline staff, guarantee minimal usage. 2) Online confidential 24/7 support/counselling and self help.	1) Appropriate health needs met, medication etc. 2) primary care - risk assessment of suicide, standard triggers.

f) Vulnerable due to social/economic	1) Involve Job Centre Plus	1) Job centre plus	
g) Drugs and Alcohol mis-use		1) CVS, café hub, gateways, all suicide organisations.	1) Greater understanding of alcohol measures especially linked with medication/tolerance. 2) Awareness raising for alcohol.
h) Lesbian, gay, bi-sexual		1) Ensure LGBT mentoring. 2) CVS - LGBT "friendly", specific support. 3) Brook services - support.	1) LGBT - at risk. Your support, your choice.
i) BME and Asylum Seekers	1) Mental health assessment and brief screening across all public services - All attempts to go through a single point. 2) What can we do? * Improve parent and child interventions - strengthen relationships and emotion wellbeing with children through: one to one peep support. * Identify vulnerable children holistic family support. Support parents to access relevant services. 3) Work with immigration services to improve mental health for asylum seekers. 4) forced marriages - honour based violence. 5) Risk/Triggers - welfare benefits, job centre, housing/homeless.	1) Family wellbeing project @ Bank Top. 2) Wesley Hall drop in, United reform church, Darwen. 3) Mosques and Imams - Friday Sermons. 4) Specific Support - suicide aware ASIST - trained.	
3) Reduce access to the means of Suicide.			
a) Hanging and strangulation in psychiatric inpatients and criminal justice system/settings	1)Self help materials on display in public areas. i.e. Car parks - high rises. 2) work with YOT - prisons etc. to ask about their suicide prevention strategies - link with the strategic action plan. 3)Targeting prevention from qualitative data. 4) Prevention in areas link - car parks, bridges, water etc.. 5) Rapid information sharing/gathering when Young people are taken into custody/released from custody.	1) Work alongside Police, fire services, ambulance - identify means of suicide risk. 2) Mandatory ligature audits. Risk assessments of premises. 3) Target key staff in settings. E.g.. Waterways, railways, car parks. 4) Make care parks, bridges safer (hot spots). 5) Explicit KPI's around suicide in mental health central - LCFT and ELHT - A&E staff. 6) A& E staff training and access - care pathways. 7) Mandatory mental health first aid and safe talk and ASIST training.	

b) Self poisoning			1) Community matrons to support with management of medicine supplies at home. 2) Access to medication (stock pile and overdose)
c) Those high-risk locations			
d) Those on the rail and underground networks			
4) Provide better information to those bereaved or affected by suicide.			
-	1) Peer support groups. 2) Mapping of bereavement services offered in BwD. 3) Protected learning for primary care staff - GP's, PN's - CYP and self harm, CUP and mental health, Raising the issue. 4) More information and support for the family and friends. where they can get support, signpost where is that support? 5) Support Groups. 6) directory of services for bereavement, outline of each service at commencement, so that aware of how many sessions etc are to be provided. 7) "help is at hand" resources given out at coroner's inquest (support pack and signposting). 8) Outcomes of inquest - suicide - feedback to GP - family and friends support sessions/information.	1) Peep Support Groups, develop with co-ordinator. 2) Have flyers/leaflets - identifying supportive organisations in Blackburn with Darwen - sign post to ASIST etc. 3) Personal employed specifically to follow up people affected by suicide by offering a home visit. 4) Support by social networking campaigns via Facebook etc. 5) Create workshops and information pack to support bereaved. 6) Map- services - raise awareness of the service.	1) map services around bereavement. 2) Use coroner's office to make available service info for those bereaved by suicide. 3) Promote services to support bereaved via relevant "Age well" groups. 4) Knowledge of local bereavement services - acknowledge cultural differences. 5) Coping with life on your own - debt/funeral expenses etc. 6) Audit of bereavement counselling services. 7) Bereavement services with specific support services for older people. 8) alcohol related deaths audit (DAAT).
5) Support the media in delivering sensitive approaches to suicide and suicidal behaviour.			

-	1) Utilise the local media for pro-active information about services in relation to suicide prevention. 2) Targeted marketing - e.g. find out (where and what, when and how) young people engage in. 3) Link to national campaign - supported ads linked to google words. 4) Engage with local media - invite to training. 5) Tell people's stories in a positive way using social media etc.	1) Coroner's office and court - support and signpost materials. 2) Develop a suicide sensitive "app" for smartphones. 3) Invite media to workshops and groups. Show them the outcomes of their reporting. 4) Lancashire telegraph etc - invite to ASIST, do awareness camp. 5) work with coroners, hospital trusts to identify attempted suicide and actual suicide.	1) ASIST training offered to local media.
6) Support research, data collection - monitoring.			
-	1) Map all research around CYP. 2) Monitor self harm and suicide data more regularly. 3) Targeted research - quantitative and quantative - target groups identified. 4) Audit data - identify trends etc. 5) Promote organisations measuring impact of work delivered. Embed use within organisations. 6) Support media to responsively report suicides - offering advice, being centrally sensitive etc. 7) Robust monitoring - check if some intervention has made a difference. i.e. campaign.	1) Engagement insight into suicide - understand beliefs in our communities. 2) Make every organisation talk about suicide more openly - put in each assessment. 3) Improve data collection on suicide attempts, improve referrals with people who attempt suicide on what "could" help them access services. 4) TIGG data. 5) Data sharing e.g. suicide attempts. 6) Qualitative research with high risk groups, data on suicide attempts. 7) Develop comms plans alongside strategy, link with comms team, identify 2-3 key messages to promote.	1) specific age group categories data. 2) collate self harm data. 3) Look at local trends. 4) Understanding that 50+ involves different specific groups - working age, active, inactive, frail and elderly. 5) Loneliness and isolation ISNA - recommendations. 6) 50+ categories - 50-65 working age, 65-80 LTC, 80+ frail and elderly - different issues for each age.