

## REQUEST FOR DIRECTOR DECISION – DD2497

### Title: Bereavement support for Londoners

#### Executive Summary:

The initial period of Covid-19 hit London hard, with over 6,000 Londoners dying. Added to the grief and trauma of losing a loved one was the extraordinary circumstances in which death occurred, denying those bereaved the customary community and family support. The Strategic Coordination Group (SCG), part of London's resilience response, identified bereavement support as needing focus and additional work; drawing together provision and ensuring that Londoners can access culturally appropriate support. The initial mapping of scoping and bereavement services carried out to date indicates a key gap in the mapping of services across London and the understanding of the next steps required in order to improve communication, join up provision and identify gaps in specialist provision

The work referred to here will build on initial scoping to ensure the most appropriate ways to do this are used, working in partnership with the London bereavement sector.

#### Decision:

That the Executive Director of Communities and Skills approves:

Expenditure of up to £75,000 from the Team London and Community Sport budget 2020/21 to carry out work to support those bereaved by Covid-19 or during Covid-19, comprising of:

- a) up to £25,000 on assessment work and analysis; and
- b) up to £50,000 for the further commissioning of specialist support and training development, the detailed nature of which will be determined by the outcome of the assessment work and the analysis.

#### AUTHORISING DIRECTOR

I have reviewed the request and am satisfied it is correct and consistent with the Mayor's plans and priorities.

It has my approval.

**Name:** Sarah Mulley

**Position:** Executive Director  
Communities and Skills

**Signature:**



**Date:**

26 October 2020

## **PART I - NON-CONFIDENTIAL FACTS AND ADVICE**

### **Decision required – supporting report**

#### **1. Introduction and background**

- 1.1. The impacts of the Covid-19 crisis have been felt by each and every Londoner, but none more so than those that have suddenly lost a loved one.
- 1.2. The general upward trend in life expectancy over the decades, despite a small downward turn recently, leaves an expectation that we and the majority of our loved ones will live into old age. This expectation has in many ways been a guiding principle for the bereavement and grief sector, with many organisations focused on end of life support and preparation for loss. Whilst this is not the case for all organisations, it would seem to be the factor that has impacted the ability of some to respond to the complex nature of the support required in these times. This is particularly so if a loss has been sudden and unexpected. Whilst a vast number of organisations exist to support those in London who are grieving, the context within which those organisations are operating presents a series of challenges and an urgent need for strategic oversight and coordination.
- 1.3. It is now well known that the virus itself has disproportionately impacted Londoners and within London its Black, Asian and Minority ethnic communities: communities that are historically underserved by organisations offering talk therapies and bereavement support. If this particular gap in provision and take up of support is not addressed, the losses felt by these communities will only serve to further widen the equality gap across London.
- 1.4. Initial scoping work identified the need for a greater level of coordination and strategic oversight of the grief and bereavement support available and accessible to an individual, from the moment they experience a loss. The work also made clear the risks of doing nothing, namely; a widened equality gap, contribution to a potential mental health pandemic with an increased risk of suicides, and detrimental and long-lasting impacts to London's families.
- 1.5. This work will intersect with the wider GLA and London wide work on Transition, now being worked into the workplan of the Strategic Coordination Group (SCG) and also with Recovery mission content focused on mental health and the reduction in social isolation and loneliness. The initial scoping carried out was shared across SCG partners and it was agreed that the GLA has a key role to play in drawing together this strategic overview and ensuring that clear pathways for bereaved Londoners are more visible.

#### **2. Objectives and expected outcomes**

- 2.1. The bereavement and grief sector operates within a broader ecosystem, which includes:
  - when an individual dies as a result of Covid-19 or otherwise, there are a number of public sector bodies involved in mortality management. Whilst these organisations are able to signpost to support, their main responsibilities lie with the management of the processes immediately following or preceding a death; however, their role as the first point of contact is critical in directing the bereaved to ongoing support;
  - mental health and bereavement support is delivered through a broad range of organisations and groups that are needed now more than ever but face a set of critical challenges; and
  - as an individual learns to cope with their grief over time, either with or without support, their general wellbeing is self-managed or supported through Public Health initiatives and community based organisations.

- 2.2. The time following the immediate shock of losing a loved one can be extremely confusing, lonely and painful for a bereaved individual. This can come months after the event itself. This is also the element of the ecosystem with the least overarching coordination and oversight.

#### *Types of Support Offered*

- 2.3. A large majority of the organisations mapped state their main purpose as being a place for information, advice and guidance for those who are either bereaved themselves, know someone who is or who deliver frontline services.
- 2.4. There are numerous helplines accessible to Londoners (Marie Curie, Cruse, Good Grief Trust, Muslim Youth Helpline, etc.) that collectively cover the week from 8am-8pm, and these lines are supplemented by other 24-hour mental health support lines such as the Samaritans.
- 2.5. Alongside general advice and signposting, a smaller number of organisations mapped provide “hands-on” support through group or individual sessions with a professional e.g. Cruse and Mind.

#### *Intended Audience*

- 2.6. Two thirds of those organisations currently mapped provide services and advice to a broad audience i.e. they do not specify a target audience. A handful of organisations currently mapped stated a more narrow or targeted audience either based on age, profession or religion.
- 2.7. Faith groups also offer support to those recently bereaved both with the organisation of funerals/ceremonial practices and wider support to families who have lost loved ones.

#### *Covid-19 related Projects*

- 2.8. As might be expected many organisations in this sector have established Covid-19 projects in response to the changing needs and circumstances. These on the whole have come under the following categories:
- information hubs / fact sheets / flyers - up to date information on either the website of the organisation or another professional body;
  - coordination efforts - e.g. coordination of trauma-informed responses or faith groups;
  - support and advice into professionals; and
  - digital support and training - provision of training and resources to enable charities and other bodies to incorporate the required online aspects of grief into their practice (<https://digitallegacyassociation.org/>).

#### *Challenges faced as a result of Covid-19*

- 2.9. The complex nature of support:
- the support required by individuals who have lost someone as a result of Covid-19 come hand in hand with more general needs of vulnerable groups e.g. wider mental health, food and job insecurity and with it an expectation of support organisations to offer advice and support beyond traditional bereavement support;
  - there is an expectation that organisations offering support will be able to provide up to date guidance on aspects such as funeral planning alongside support with wider concerns of the individual as a result of Covid-19; and
  - the sector has also experienced an increase in safeguarding concerns.
- 2.10. The faith sector:

- the faith sector has experienced an increase in demand on their services to support individuals who either have been bereaved or who fear they might be;
- as with other organisations faith groups do not necessarily have the means or capability to provide adequate support to those presenting with complex needs that go beyond traditional support with grief and funeral planning; and
- the faith sector has expressed a desire to be upskilled to be better able to support those who have lost someone through Covid-19 within their communities.

#### 2.11. Disproportionality:

- there is a gap in provision of support to many marginalised groups or those from differing cultural backgrounds e.g. Black, Asian and Minority Ethnic; this is within a context whereby these same communities are disproportionately affected by the virus;
- as organisations with a broad audience experience an increase in demand within a frequently changing context, trying to apply culturally competent models becomes more difficult and complex;
- many families are unable to take part in cultural rituals that usually take place following a death, further impacting their ability to grieve; and
- furthermore, there are a number of communities who are historically underserved and have a typically lower access rate to talking therapy services. This will likely have an impact on the uptake of support by these communities.

#### 2.12. Trauma informed support

- the crisis itself can act as a trigger to those who have experienced trauma or mental health issues in the past, with the current crisis exacerbating previous mental health issues;
- furthermore, the increased focus on mortality has proven to be triggering for individuals who have experienced a past bereavement;
- managing grief whether this is as a result of Covid-19 or otherwise is made extremely difficult due to isolation and anxieties surrounding the current context;
- traumatic loss is one that is sudden and unexpected and has occurred within either frightening or horrific circumstances (*Cruse definition*) and requires a specific skill set of professionals offering support;
- many organisations in this sector and faith groups do not have specially trained staff able to manage traumatic loss and increased PTSD concerns; and
- Samaritans have stated that over a third of their 7000 daily requests for help are directly related to Covid-19. This poses two challenges to the sector; supporting those who have experienced traumatic loss as a result of suicide and an increased risk of suicide as a result of a bereavement.

2.13. The scoping and bereavement mapping carried out to date indicated a key gap in the mapping of services across London and the understanding of the next steps required in order to improve communication, join up provision and identify gaps in specialist provision.

2.14. This decision requests approval for expenditure of up to £75,000 of Team London and Community Sport budget on support for those disproportionately affected by Covid-19. This will consist of:

- a) up to £25k on assessment work and analysis; and
- b) up to £50k further on commissioning of specialist support and/or training development, the detailed nature of which will be determined by the outcome of the assessment work and the analysis.

- 2.15. The outputs of the assessment work and analysis will be reviewed and discussed with the Executive Director of Communities and Skills, and the Deputy Mayor of Social Integration, Social Mobility and Community Engagement to determine the precise nature of the commissioning, although it is expected that the focus will be on the specialist support and/or training development mentioned above.
- 2.16. Working in partnership with colleagues in the Health team and the Commemoration and memorial group we will work on the best way to join up provision and mitigate against the significant mental health impact for those who have been bereaved. This could include commissioning of:
- mapping of specialist services and demand across London;
  - building the bereavement network across London;
  - dissemination of best practice and information; and
  - potential commissioning of training and support to increase volunteer numbers.
- 2.17. The work will be carried out in short sprints, working with the London bereavement partnership and specialist organisations such as the London Borough Faiths Network to inform and advise of next steps at key decision points. We may also second staff in from these organisations to provide the requisite expertise needed. We will also ensure that equalities-led bereavement focused organisations are engaged and that we benefit from the views and experiences of Londoners when shaping any potential offer/enhancement of existing provision. Any eventual decision to proceed with procurement of provision or training will be carried out in accordance with the Contracts and Funding Code in an open and transparent way.

### **3. Equality comments**

- 3.1. Under Section 149 of the Equality Act 2010, as a public authority, the GLA must have 'due regard' of the need to:
- eliminate unlawful discrimination, harassment and victimisation; and
  - advance equality of opportunity and foster good relations between people who have a protected characteristic and those who do not.
- 3.2. As Public Health England data shows, Covid-19 impacted disproportionately on those from certain ethnic backgrounds. There is also a strong link to health inequalities and underlying health conditions<sup>1</sup>. The impact of Covid-19 has therefore highlighted the stark inequalities that exist in London, and therefore the importance of supporting these Londoners.
- 3.3. A rapid evidence review (as yet unpublished but commissioned by the Mayor) shows that Londoners most affected were BAME Londoners and Disabled Londoners<sup>2</sup>. In addition the LGBTQ community experienced high rates of loneliness, isolation and mental health issues. Older people were also more likely to feel increased social isolation and loneliness due to the need to shield and the difficulty in seeing family members. This work will therefore help address the impact of bereavement on those groups most affected in London.

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<sup>1</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892376/COVID\\_stakeholder\\_engagement\\_synthesis\\_beyond\\_the\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf)

<sup>2</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbydisabilitystatusenglandandwales/2marchto15may2020>

## **4. Other considerations**

### *Key Risks and Issues*

- 4.1. Covid-19 support has been forced away from face to face contact and instead organisations must deliver services remotely either online or by phone, or on a very limited face to face basis. Whilst many organisations have been able to set up helplines (if they did not already exist) others do not have readily available infrastructure to rely upon e.g. faith groups.
- 4.2. Often techniques offered to support individuals with their grief involve connection and comfort from others – something that is not possible in the traditional way during this period.
- 4.3. Much of the initial grieving process is enabled through observing cultural rituals, which were made almost impossible during lockdown and therefore adding to the trauma experienced by the bereaved.
- 4.4. The grief and bereavement sector is broad and can, particularly for those recently bereaved, feel like a complicated landscape to navigate. Entry points for individuals can differ as a result of varied commissioning models e.g. NHS, central government or locally funded and therefore signposting can vary.
- 4.5. The changing demands and service models of organisations across London means information can be quickly deemed out of date or inaccurate e.g. signposting to an organisation that no longer has the capacity to support.
- 4.6. There is a lack of pan-London coordination or view of capacity meaning there is a high chance this is evenly distributed and not reflective of patterns of demand. This prevents the ability to redirect volunteers as needed to meet demand.

### *Links to Mayoral Strategies and priorities*

- 4.7. This work links to the Health in all policies and Mental health mission within the Recovery work. It also links to the Mayor's Mental Health Action plan, and the cross cutting theme of Equalities which runs through all Recovery work. It also links to the work of the Transition Board, as bereavement support is an issue arising out of the first Covid-19 spike and will also impact on London again in the event of a second spike, either at borough or London wide level.

### *Conflict of interest*

- 4.8. Conflict of interest has been considered, with none found to exist.

## **5. Financial comments**

- 5.1. This decision requests expenditure of up to £75,000 to support those bereaved through Covid-19. The expenditure will be funded from the 2020-21 Reward and Recognition Programme budget within the Team London and Community Sports Unit.

## **6. Legal comments**

- 6.1. The foregoing sections of this report indicate that the decisions requested of the Director concern the GLA's exercise of its general powers to do such things considered to further or which are facilitative of, conducive or incidental to the promotion of social development in Greater London and in formulating the proposals in respect of which a decision is sought officers have complied with the Authority's related statutory duties to:

6.1.1 pay due regard to the principle that there should be equality of opportunity for all people;

- 6.1.2 consider how the proposals will promote the improvement of health of persons, health inequalities between persons and to contribute towards the achievement of sustainable development in the United Kingdom; and
- 6.1.3 consult with appropriate bodies.
- 6.2. In taking the decisions requested, the Director must have due regard to the Public Sector Equality Duty - namely the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010, and to advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic (race, disability, gender, age, sexual orientation, religion or belief, pregnancy and maternity and gender reassignment) and persons who do not share it (section 149 of the Equality Act 2010). To this end, the Director should have particular regard to section 3 (above) of this report.
- 6.3. Should the Director be minded to make the decisions sought officers must ensure that, to the extent that the expenditure proposed concerns the:
- 6.3.1 purchase of works, goods or services, they are procured in accordance with the GLA Contracts & Funding Code, engaging with TfL Procurement to develop and follow an agreed procurement strategy and appropriate contracts are entered into and executed by the GLA and contractors before the commencement of the works, goods or services required; and
- 6.3.2 provision of grant funding and not payment for works, goods or services, the funding is distributed fairly, transparently, in accordance with the GLA's equality policy, State Aid rules and in manner which affords value for money in accordance with the GLA Contracts and Funding Code; and appropriate funding agreements are entered in to and executed by the GLA and the recipient before any commitment to funding is made.

## 7. Planned delivery approach and next steps

Activity	Timeline
Scoping of Discovery phase of work	Oct/Nov 2020
Recommendation of next steps	Dec 2020
Creation of scope for additional support work	December 2020
Commissioning of additional work (if applicable)	January 2021
Roll-out of support/training (if applicable)	Feb/March 2021

## Public access to information

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FoIA) and will be made available on the GLA website within one working day of approval.

If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary. **Note:** This form (Part 1) will either be published within one working day after it has been approved or on the defer date.

## Part 1 - Deferral

### Is the publication of Part 1 of this approval to be deferred? YES

If YES, for what reason: This form contains information the disclosure of which would prejudice the GLA's ability to secure value for money in its procurement of the required services.

Until what date: 31 December 2020

## Part 2 – Sensitive information

Only the facts or advice that would be exempt from disclosure under FoIA should be included in the separate Part 2 form, together with the legal rationale for non-publication.

### Is there a part 2 form –NO

## ORIGINATING OFFICER DECLARATION:

Drafting officer to confirm the following ( ✓ )

### Drafting officer:

Lopa Sarkar has drafted this report in accordance with GLA procedures and confirms the following:

✓

### Assistant Director/Head of Service:

Alice Wilcock has reviewed the documentation and is satisfied for it to be referred to the Sponsoring Director for approval.

✓

### Financial and Legal advice:

The Finance and Legal teams have commented on this proposal, and this decision reflects their comments.

✓

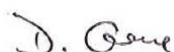
### Corporate Investment Board

This decision was agreed by the Corporate Investment Board on 5 October 2020.

## EXECUTIVE DIRECTOR, RESOURCES:

I confirm that financial and legal implications have been appropriately considered in the preparation of this report.

### Signature



### Date

26 October 2020