"When I came here, everything changed" Evaluating the impact of Alfie's Squad: A peer support service for families bereaved by suicide

September 2025

Authors: Professor Pooja Saini, Olivia Hendriks, Rio Foster.





# Contents

Ackr	nowledgements	3
Exec	cutive Summary	4
1	. Introduction	7
2	2. Methodology	8
3	3. Findings	12
4	4. Recommendations	22
5	5. Conclusion	24
6	S References	25

## **Acknowledgements**

This report is the work of Liverpool John Moore's University's Suicide and Self-Harm research team within the School of Psychology. In collaboration with Alfie's squad, the aim was to evaluate the feasibility and impacts of the suicide peer-support group.

The research team would like to thank all of the young people, their parents or guardians and staff for participating in interviews and providing valuable feedback about themselves or the their experience of the service.

#### **Evaluation Team:**

Dr Pooja Saini (PI), Professor in Suicide and Self-Harm Prevention, School of Psychology, Faculty of Health, Liverpool John Moores University.

Olivia Hendriks (Co-I), PhD Candidate, School of Psychology, Faculty of Health, Liverpool John Moores University.

Rio Foster (Co-I), PhD Candidate, School of Psychology, Faculty of Health, Liverpool John Moores University.

### **EXECUTIVE SUMMARY**

Peer support services are an increasingly recognised form of postvention support. However, there is a notable lack of provision tailored specifically for children and young people. This report presents findings from a mixed methods service evaluation of Alfie's Squad, the first UK-based suicide bereavement peer support group for children, young people (CYP), and their caregivers.

## **AIM**

The evaluation aimed to assess the feasibility and impact of the service. Phase one involved the analysis of routinely collected quantitative data from service users at three timepoints: baseline, eight weeks and six months after programme entry. Phase two included qualitative interviews (n=29) with staff delivering the service, parents/guardians of children using the service and children using the service.

## **FINDINGS**

At baseline, many CYP reported difficulties related to loneliness, low self-esteem, and emotional wellbeing. Findings suggest that continued participation in Alfie's Squad led to reductions in social isolation, increased trust, improved emotional expression, and strengthened peer relationships. Phase two involved qualitative interviews with CYP, caregivers, and staff. Participants consistently described Alfie's Squad as a safe and supportive space where they could share experiences, develop meaningful relationships, and build coping strategies. The creative and activity-based structure of the programme was especially valued by CYP, who appreciated being able to engage in enjoyable and age-appropriate activities while navigating their grief. Caregivers also reported gaining emotional support and social connection through attending the service.

## **RECOMMENDATIONS**

#### 1. Coproduction of Service Activities

Alfie's Squad is encouraged to continue to adopt a coproduction approach in the design and delivery of its activities. Actively involving service users in shaping the service helps to ensure that it reflects their needs, preferences, and lived experiences. This is achieved through methods such as anonymous feedback forms, focus groups, or consultation workshops. Key areas for future exploration might include the types of activities offered, identification of target groups (e.g., children, young people, adults), preferred frequency and duration of sessions, and delivery formats. Embedding coproduction as a core principle promotes service user ownership and increases engagement.

#### 2. Enhanced Data Collection and Evaluation

To strengthen monitoring and continuous improvement, more robust data collection and evaluation processes are recommended. This involves the continued use of quantitative tools, such as outcome rating scales, administered at both initial assessment and service exit to measure changes over time. In addition, qualitative data gathered through interviews or focus groups provides valuable context and insight into user experiences. Collecting demographic information alongside service outcome measures enables a better understanding of who is accessing the service and whether it is reaching those most in need. These enhancements will support evidence-based service development and demonstrate impact to stakeholders.

## 3. Understanding Impact and Mechanisms of Change

In addition to service outcome measurement, exploring how and why the service makes a difference for users is critical. Qualitative methods such as in-depth interviews or focus groups can again provide rich insights into participants' perceptions of the service, the relevance and quality of outcomes, and the mechanisms that facilitate change. Findings from this work should be used to refine group activities and inform future planning of new services, ensuring they continue to meet social, emotional, and practical needs effectively.

## 4. Social Prescribing Integration

Alfie's Squad is aligning its model with Social Prescribing pathways. This allows trusted professionals, such as GPs or link workers, to refer individuals directly into the service, broadening access and integrating support within wider care systems. A time-bound programme offer (e.g., 10-week sessions) with opportunities for review or continuation could help manage demand and ensure safe transitions from peer support. To underpin this approach, the service can consider expanding its activity range to meet diverse needs, tailoring sessions to different age groups, and using anonymised feedback mechanisms to ensure ongoing alignment with user needs and expectations.

#### 5. User-Friendly Feedback Mechanisms

Feedback systems should be designed to encourage regular feedback from service users. Clear and accessible feedback forms should be made available throughout the service environment. To maintain confidentiality and promote reliable responses, secure and clearly marked collection points, such as locked post boxes, are recommended. Embedding user-friendly feedback processes will ensure service users feel heard and will provide valuable information for ongoing improvement. Regularly reviewing and streamlining feedback processes will help ensure they remain accessible.

#### 6. Building Strategic Partnerships

To enhance sustainability and impact, Alfie's Squad should continue to embed its peer bereavement service within local Integrated Care System (ICS) pathways. Strengthening collaboration with Voluntary, Community and Social Enterprise (VCSE) networks is also recommended. These partnerships can broaden referral routes, increase community-based support options, and ensure the service aligns with local suicide prevention and postvention strategies. Building these strategic relationships will enhance the service's integration within the wider support landscape and enable a coordinated response to the needs of those bereaved by suicide.

#### Conclusion

This evaluation has demonstrated the value of Alfie's Squad as a peer-support service in addressing the social, emotional, and practical needs of individuals bereaved by suicide. To enhance the service's impact and sustainability, we recommend the continued implementation of a data system to enable robust and consistent data collection practices to monitor outcomes and inform ongoing development. Additionally, Alfie's Squad should seek to strengthen community partnerships by embedding its provision within Integrated Care System (ICS) structures and Voluntary, Community, and Social Enterprise (VCSE) networks in new sites where new services may be implemented. This integration could form part of a broader social prescribing framework, enabling individuals to access time-bound, needs-based support. Further research is recommended to explore the long-term outcomes and sustainability of this model.

## INTRODUCTION

Suicide bereavement is a complex and often devastating form of sudden loss. Approximately 700,000 people die by suicide globally each year, and for each death, an estimated 6–10 individuals are directly affected (NSRF, 2023; World Health Organization, 2024). The prolonged impacts of suicide bereavement can include social withdrawal, reluctance to seek help, increased mental health difficulties, self-harming behaviours, and heightened risk of suicide mortality (Ahn et al., 2023; Evans et al., 2023; Griffin et al., 2022; Logan et al., 2024; Pitman et al., 2014; Tal et al., 2017). Unlike other forms of bereavement, suicide loss is often compounded by stigma, unanswered questions, and complex grief reactions including self-blame, which can impede the grieving process and amplify psychological distress (Cully et al., 2025; Feigelman et al., 2009). Suicide bereavement is therefore often considered a distinct form of loss due to the complex psychosocial challenges it presents (Griffin et al., 2022; Logan et al., 2024; Tal et al., 2017). Providing timely, practical, and evidence-informed postvention support is therefore essential to mitigate these risks (Abbate et al., 2024; Cully et al., 2025).

Peer-support services are an increasingly popular form of postvention support. These services offer safe spaces for people bereaved by suicide to connect with others who have had similar experiences (Abbate et al., 2024; Bartone et al., 2019; Inostroza et al., 2024). Participating in peer-support groups can foster social connectedness, enable open expression of thoughts and emotions without judgement, build positive coping strategies, support individuals in finding new meaning in life, alongside improve overall wellbeing (Bartone et al., 2019; Griffin et al., 2022; Inostroza et al., 2024; Lestienne et al., 2021). Despite this, research into the effectiveness of postvention services in the UK remains limited, particularly in relation to children bereaved by suicide (Abbate et al., 2024; Graham et al., 2025). This underscores the need for feasibility evaluations of children's peer-support postvention programmes.

Alfie's Squad is the UK's first suicide bereavement peer-support group designed specifically for children and young people (aged 6–17) and their caregivers. The service delivers group sessions that bring together individuals with shared experiences of suicide bereavement. Sessions incorporate a variety of creative and recreational activities such as circus skills, graffiti workshops, DJing, podcasting, giant games, Brazilian drumming, and sports to engage young participants. However, further research is needed to understand service users' experiences and evaluate the feasibility, outcomes, and impact of Alfie's Squad.

In collaboration with the LJMU Suicide and Self-Harm Research Group, the present research aims to understand:

- 1) Who are young people accessing the service?
- 2) Are the activities age appropriate and do the young people recommend any others?
- 3) Why are young people continuing to engage with the service following on from the 8week programme?
- 4) Is the programme effective in reducing social isolation, reducing guilt, increasing social support and improving self-esteem?
- 5) What is the impact of the programme on the young people and their families?

## **METHODOLOGY**

**Design:** The research employed a mixed-methods design using qualitative and quantitative approaches to address the research question. Quantitative data was collected by Alfie's Squad at three timepoints: 1) baseline; 2) after 8 weeks of attendance; and 3) after 6 months of attendance. Data was collected from September 2023 until the final interviews were held on April 2025 as routine data collection practice at Alfie's Squad. The service had approval from service users to use the data collected to inform the research. Qualitative data was also collected by the researcher during 1-1 interviews. The researcher obtained fully informed consent from participants and their caregivers to participate in the qualitative data collection phase.

**Participants:** Opportunity sampling was used to obtain a sample of children and young people service users aged between 11-17 years old, their caregivers, and Alfie's Squad staff.

Quantitative Data Collection: Secondary survey data already collected by Alfie's Squad was used to conduct a service evaluation. Surveys were administered in paper format by Alfie's Squad staff, with online versions made available via the QuestionPro platform (<a href="www.QuestionPro.com">www.QuestionPro.com</a>). Each survey took approximately 10 minutes to complete. All measures were validated for use with children, young people, and adults, and assessed outcomes related to loneliness, self-esteem, and quality of life (see Table 1 for the measures used). Demographic information was also collected through the baseline surveys and was controlled throughout the analysis. Children were supported by their caregivers when completing the measures, where appropriate.

Table 1. Questionnaires Routinely Collected by Alfie's Squad

Questionnaire		Participants	Avg. time t	to Format
			complete	
1.	Demographic	All children and young	2 minutes	Online / Paper
	questions	people service users		
	(relationship to			
	deceased,			
	relationship to			
	guardian, living			
	circumstances,			
	age, gender,			
	special			
	educational			
	needs)			
2.	Adolescent	Children and Young	4-5 minutes	Online / Paper
	self-esteem	People aged 11+ years		
	questionnaire			
	(Hafekost, et			
	al 2015)			
3.	Children's	Children and Young	4-5 minutes	Online / Paper
	Loneliness and	People aged 11+ years		
	Social			
	Dissatisfaction			
	Scale (Asher &			
	Wheeler 1985)			
4.		Children and Young	1 minute	Online / Paper
	produced	People aged 11+ years		
	bespoke			
	question			

**Quantitative Data Analysis:** Statistical Package for Social Science (SPSS) quantitative software was used to analyse survey data (<a href="www.spss.com">www.spss.com</a>). Causal mediation analysis was then used to determine if the relationship between attending a children's suicide bereavement peer support

group is causally related to reduction in social isolation, guilt, increased social support, and improved self-esteem while adjusting for potentially confounding variables.

**Qualitative Data Collection:** Participants were invited to interviews with the researcher. A semi-structured interview schedule was developed based upon previous literature, and interviews were held either in-person at Alfie's Squad, by telephone, or online (<a href="www.MicrosoftTeams.com">www.MicrosoftTeams.com</a>) and last for approximately 10 to 45 minutes. Interviews were recorded and transcribed verbatim by the researcher and UK Transcription Service (<a href="www.UKTranscription.com">www.UKTranscription.com</a>). Transcripts were pseudonymised and participants' individual responses were unidentifiable.

**Qualitative Data Analysis:** Qualitative data was analysed by the research team (*N*=3) using NVivo Qualitative Software (<u>www.nvivo.com</u>). A critical realist perspective using reflexive thematic analysis was applied to the dataset (Braun & Clarke, 2021). This follows 6 stages: 1) data familiarisation; 2) generating codes; 3) theme construction; 4) reviewing and developing themes; 5) refining, defining, and naming themes; and 6) writing up the findings (Braun & Clarke, 2021).

Patient and Public Involvement: Interviews and data collection materials were piloted with the Patient and Public Involvement and Engagement (PPIE) Advisors and have been approved by the group alongside the REC.

**Ethical Approval:** Ethical approval to conduct the research was obtained from Liverpool John Moores University Research Ethics Committee (REC) 24/PSY/078.

Caregivers or someone with parental responsibility for children under 16 years old were provided with a participant information sheet and consent form to opt-in to their child's participation in an interview. Caregivers were informed that they were required to be present during interviews if their child was aged under 16 years old, therefore, the interviewer and caregiver were present throughout interviews with children. Alfie's Squad staff were also nearby to provide proactive support after interviews for children and their caregivers.

For remote interviews, staff were informed when these would take place and contacted participants once interviews were complete to check in and provide support. All those aged 16 years old and over were provided with a separate participation sheet and asked to provide their own written opt-in consent. However, the caregivers of young people were still informed if their child was invited to participate in an interview.

Survey responses were also fully anonymised and unidentifiable. A unique ID created by participants was used to ensure the researcher could link back to the dataset. This was advised to

be made up of participants' initials and the first part of their postcode as the researcher did not have access to this information and would therefore be unable to identify participants by this ID.

All identifiable data was destroyed and unretrievable. Once the findings were written up, these were disseminated with participants and Alfie's Squad and written into a report.

#### Safety Protocol

A safety protocol was developed to ensure participants were safe during interviews, including starting and ending the interview with positively phrased questions. It was also made clear that participants could refrain from answering questions and leave the interview at any time. The researcher remained vigilant for signs of distress throughout and was prepared to stop the interviews if distress became apparent and notify staff members. A full debriefing was provided once interviews were complete, and signposting to further support was provided.

## **Findings**

#### Alfie's Squad Service Users' Demographics

Since its founding in 2023, Alfie's Squad has been accessed by approximately 65 CYP, and their caregivers. For this study, 20 adults responsible for CYP attending Alfie's Squad provided demographic information to develop a profile of service users.

Adults reported that CYP service users ranged in age from 6 to 20 years, with a mean age of 11.8 years (SD = 3.5, n = 33). Of these, 13 children had no known additional educational needs, 2 were currently under assessment, and 4 had a neurodiversity diagnosis, including ADHD, Autism, or Dyslexia.

All adults reported residing within a 90-mile radius of Alfie's Squad, with the majority (n = 11) living in the same county in the North West of England. Participants were also asked about their relationship to the deceased and the child attending Alfie's Squad (see Table 2). Adults brought between one and three children to the service, with most bringing one child (n = 9), and fewer bringing two (n = 5) or three children (n = 5). On average, each adult brought 1.7 children to the service.

Table 2. Adults Relationship to the Deceased

Relationship to the Deceased	N (% total out of 20)
Wife	10 (50%)
Ex Wife	1 (5%)
Partner	2 (10%)
Ex Partner	3 (15%)
Mother of Child(ren)	2 (10%)
Mother of Deceased	1 (5%)
Sibling	1 (5%)

### **Baseline Survey Quantitative Outcomes**

A total of 23 CYP using Alfie's Squad completed the baseline survey. The results reveal that many were experiencing challenges with social connectedness, emotional well-being, and self-esteem upon entering the service. Over half (52%) reported that making friends was "SOMETIMES" difficult, and nearly one-third (30.43%) reported they felt alone "AT LEAST SOME OF THE TIME".

Additionally, 32% of participants indicated that their self-worth was strongly influenced by others' opinions, either "a lot of the time" or "almost all of the time." Body image also affected confidence for a significant portion, with 34.78% agreeing that their feelings about their body impacted their confidence. Notably, 13.04% reported having little or no confidence in their ability to achieve their goals.

Feelings of guilt related to family events were common, with 52.18% experiencing these feelings to some degree and 8.7% reporting they felt this way constantly. These findings underscore the variety of emotional and relational difficulties many participants faced before fully engaging with Alfie's Squad.

#### 8-WEEK FINDINGS

At the 8-week mark, 14 participants responded to both closed and open-ended questions about their experiences with Alfie's Squad. Their feedback highlighted strong engagement, peer support, and enjoyment of the group activities.

Quantitative Responses.

All participants (100%) agreed that they understood other children attend Alfie's Squad for similar reasons, appreciated the mixed-age group setting, and looked forward to attending each week. Most (n = 12; 86%) felt able to talk about their loss when they wanted to, and 11 participants (79%) felt comfortable discussing their feelings. These results are summarized in Table 3.

Table 3. Participant responses at 8 weeks (N=14)

Statement	Yes n	Sort of n	No n
Sidiemeni		(%)	(%)
I understand the other children come to Alfie's Squad for the same reason I	14	0 (0%)	0 (0%)
do	(100%)	0 (0/8)	0 (0/6)
I feel like I can talk to the other children about my loss if I want to	12 (86%)	1 (7%)	1 (7%)
I feel like I can talk to the other children about my feelings if I want to	11 (79%)	0 (0%)	3 (21%)
I like that the group has children of all different ages	14 (100%)	0 (0%)	0 (0%)
I look forward to coming to Alfie's Squad	14 (100%)	0 (0%)	0 (0%)

#### **QUALITATIVE RESPONSES**

Open-ended responses revealed several themes:

#### 1. Anticipation and enjoyment of activities

- a. "There are so many different things to look forward to and so many things to do."
- b. "Fun and one of the best clubs I've ever been to."

#### 2. Peer connections and shared experiences

- a. "Meeting and playing with other people."
- b. "We get to know other people like us."

#### 3. Supportive and safe environment

- a. "Amazing, safe, fun."
- b. "Happy, supported, welcoming."

Favourite weeks included art activities ("Canvas week... it was enjoyable to draw and paint stuff that I like"), social events ("Pizza night and horse night"), and sports ("VR headsets... really fun"). Participants frequently described Alfie's Squad as "fun", "happy", and "supportive".

When asked for improvements, most participants said "No", but suggestions included "more outside activities" and "even more people to help."

#### 6-Month Findings

At 6 Months, 15 participants reported sustained high levels of engagement and wellbeing.

#### **QUANTITATIVE RESPONSES**

Nearly all participants (93%) said they looked forward to attending Alfie's Squad, and the same proportion (n = 14; 93%) felt emotionally better since joining. Every participant (100%) reported having made friends within the group, and 93% felt more confident outside of Alfie's Squad. These findings are detailed in Table 4.

Ask ChatGPT

Table 4. Participant responses at 6 months (N=15)

Statement	Yes n (%)	No n (%)
I feel like I can talk to the other children about my loss if I want to	13 (87%)	2 (13%)
I still look forward to coming to Alfie's Squad	14 (93%)	1 (7%)
I feel better inside since coming to Alfie's Squad	14 (93%)	1 (7%)
I feel more confident outside of Alfie's Squad	14 (93%)	1 (7%)
I have made friends with at least some of the other children	15 (100%)	0 (0%)

#### **QUALITATIVE RESPONSES**

Three key themes emerged from open-text responses:

#### 1. Sense of belonging and community

- a. "It's my safe place and because I like the activities."
- b. "We're like family."

#### 2. Emotional growth and confidence

- a. "Happy, comfortable, welcomed."
- b. "Excited, confident, spoiled."

#### 3. Enjoyment of diverse activities

a. Favourite sessions included "Bowling", "Horses", and "Cooking + drums."

Participants described Alfie's Squad as "supportive", "fun", and "exciting". When asked how the group could be improved, most responded "No", although one suggested a "Bring your pet day" and another requested "more art activities."

Several participants noted positive impacts on family members: "My mum has made lots of friends to communicate with", and "My mum likes drinking tea with the mummies."

#### **Qualitative Outcomes**

#### Engagement with Alfie's Squad

Findings from interviews with CYP, their caregivers, and staff within Alfie's Squad revealed the service provides a unique form of peer-support for survivors of suicide bereavement. The service welcomes CYP impacted by suicide loss to connect with peers with a shared experience of loss in a safe and inclusive environment.

Regular activities are scheduled including, but not limited to, games, quizzes, drumming, science exhibitions, and physical exhibitions that help CYP to develop rapport with others. This offer also helps CYP to shift their attention away from life stressors while engaging in fun and meaningful activities that can improve their mood.

Regular engagement in activities allows CYP to build trusting relationships with others and develop a social network where they feel a sense of belonging, as though they can speak more openly to other CYP with a shared experience of suicide bereavement and develop positive coping mechanisms.

"I love it. I really do. I love all like the people that we get to meet as well, like there's a bonus. But like the friendships that we've got, getting to meet all the new people and just like what, you know, it's just like a nice little happy family for me" (YP13)

"Although everyone's a bit different, everyone's relationship's different. It's just nice to have the same sort of experience, I just love it" (YP13)

"Because I'm very bad with being social, I mean, awful. If I'm on holiday, I refuse to go to the pool. I will not go and, I wouldn't even take the burger back if it was wrong, which is bad. But when I came here, everything changed" (YP13)

"When I came to (AS) I knew those other people, so I didn't feel alone... It made me feel happier" (YP2)

"It was difficult for me to first get to know everyone. I think it took until the third week, maybe, when we did the quiz night, and that's only because I was the best at it that I started to be able to open up and then realised these people are here to stay."

(YP4)

"Seeing all the people I know that can relate to me, and having the opportunities to speak to them, and in my situation it does mean a lot" (YP1)

Although Alfie's Squad was initially developed for CYP, participants felt that Alfie's Squad is unique as it offers separate spaces for parents/caregivers and CYP. Therefore, parents/caregivers can also experience a sense of identity through attending the service, which was said to be particularly those who are socially isolated due to their bereavement.

The support networks developed were able to facilitate connections through shared experiences, allow people to navigate grief together, and share positive coping mechanisms. Parents also highlighted attending the service helped them to feel a sense of normality, as they did not feel obliged to talk about their suicide bereavement but knew that the support was there if they required it.

"But it's having that normality, but that support network. It's really, really helped me talking to other family members and adults about it." (Parent 1)

"If you wanted to talk, you could talk. If you didn't, you didn't have to. There's not that pressure.

There's not that gloominess. It's been a very positive experience for both of us." (Parent 1)

"(Adults) come and their children are safe, doing an activity and they're having a conversation with somebody who's got, not the same experience, but a similar experience, where suicide isn't a dirty word, that can only be a positive thing, can't it?" (Parent 5)

"You see everybody that comes, how much they need it, not just the kids, but also the parents as well." (Staff 4)

Moreover, by providing separate spaces parents/caregivers can be around to support their child while they engage in activities at Alfie's Squad. Parents/caregivers felt this was crucial for CYP who because of suicide loss, experience separation anxiety when they are not round their surviving caregiver. This was said to relieve parents/caregivers who because of suicide loss feel intensified pressures to support their child and still require support of their own.

"And I don't feel guilty then of leaving my son for those couple of hours. We're doing this adventure together, this journey." (Parent 1)

"Anyone who's a solo parent with children who've been traumatised will know that you absolutely cannot leave your kids at bedtime. And it then means me relying on others to look after the kids so that I can access support. What's been so amazing about Alfie's Squad is that that's all in one place. And although it was never necessarily intended to be like that, that's what it's turned into." (Parent 9)

"My mum's met other people. My mum's met (NAME) mum and they're best friends, they go out. It's important that my little sister has people to play with as well, because my little sister's got a lot of friends here now and she loves it. She's so excited to come." (Young Person 6)

Connections developed were also mentioned to transcend outside of Alfie's Squad, as service users created an online group for members to communicate and provide external support to those struggling with their thoughts and feelings. Alfie's Squad therefore facilitated the development and maintenance of relationships with others that allowed users to navigate and cope with complicated grief.

"We have a little group chat on snapchat, and we do sometimes plan a day out"

(Young Person 13)

"Just to be with people. And then, like not being on your own cause your with people. And then like meeting new people and doing the activities you like and your making new friends." (Young Person 9)

"(NEW ATTENDEES) Would just sit and not say anything to anyone, look anyone in the eye. I was like that as well. But now they're able to talk freely to each other. It is like one massive family."

(Young Person 4)

"I get to do activities with people who have gone through the same thing, and they understand what it's like (SUICIDE BEREAVEMENT)." (Young Person 14)

"Some of them are really close friends just from being in Alfie's Squad. They text each other every day. They go to a different school or they don't live near us, but that's it. There's these little bonds that have just formed, especially with the teenagers." (Staff 1)

CYP spoke about Alfie's Squad helped them to build trust with others and gain the confidence to talk openly about their thoughts and feelings. Although CYP felt that they could talk to staff members, they felt that they could relate more to other CYP due to their shared experience. Relatability was therefore important for CYP to be open to building trusting therapeutic relationships.

"They can tell when you're upset and they're there for you. They can tell you're not being yourself. And it's not like they put pressure on you to tell you what's wrong. They sort of just allow you to, you know, and then sort of say, you know, I'm here and you need it. They're very supportive people" (Young Person 13)

"Even though we don't talk about it much, I know, if I ever need to talk about it, they're all in the same position as me, so that's good." (Young Person 8)

"I can go over and talk to any of the adults whenever I feel like that... It's made me more confident to talk about what happened to me, like the situation that I went through and stuff like that" (Young Person 8)

"I think I'd probably be more comfortable, like with (friend) or (staff), because they feel the same situation, the exact same. It won't I wouldn't, like hesitate to go speak to another member of staff." (Young Person 7)

#### **Service-Level Outcome**

Alfie's Squad offers dedicated time for service users to participate in meaningful activities. Overall, participants found the variety and frequency of activities enjoyable and fun for children and young people (CYP). These activities helped CYP momentarily forget the reasons for attending and provided a welcome escape from daily stressors, which had a positive impact on their wellbeing.

However, some activities, such as quiz nights, were seen as repetitive. Participants also suggested that introducing more age-appropriate activities tailored separately for younger

children and adolescents could enhance engagement. Despite this, some felt that the current mix of activities struck a good balance.

"I think it's like a good balance, because all the kids have got the stuff to do, and then we've got, like, our things, and then just go talk if we want to do anything, like play games and stuff."

(Young Person 7)

"I find some activities a bit boring... Like writing" (Young Person 1)

"Having a permanent, sort of, base where everything is really does make a difference because then you can tailor the evening to fit as many different ages then really." (Staff 1)

"I''d say games night is, basically, just a chill back for the older ones, whereas the little ones get along with it more. But the bigger ones just have to chill. But after a while of just chilling it just gets like..." (Young Person 6)

"But I also wanted to join here because it was activity-based and I'm all for that, rather than just talking. I'm glad to just have that distraction" (Young Person 8)

"But after the first few sessions, I don't know, I felt very welcomed and very happy to be there all the time." (Young Person 8)

Furthermore, CYP are initially signposted to Alfie's Squad for an 8-week period and most stay for longer because they develop lasting relationships with others within the service. Staff members therefore felt some concerns about future capacity for service provision, given the ongoing growth of the service.

In the same vein, staff also placed stress upon themselves if CYP stopped attending Alfie's Squad, as they felt that they failed to meet their needs. Staff also mentioned that getting new members to attend the group can be challenging, as there may be some stigma associated with attending a suicide bereavement service alongside misconceptions surrounding what services are offered.

"Initially, we thought that people wouldn't want to come back. But so far, hardly anyone's left.

Which is hard on the organization." (Staff 5)

"The amount of people that I know outside of this that could be coming to the group, but they say it's not their thing... They think that it's not cool and they'll get judged for coming." (Staff 5)

"Some people expect it to be counselling. Some people say it's like a youth club, and they've tried youth clubs before and all that. But a youth club is made by the people that come. The people that come to there aren't the people that come to this, so therefore it's not the same."

(Staff 5)

"I know it's making an impact, but I can't really see it. Because a lot of it's personal, so when people don't come for a few weeks, I take that personally." (Staff 5)

Staff members also commented that there is a lack of data collection measures available to assess the outcomes and impact of the service. Likewise, there is currently no clear referral systems in place that ultimately limits the capacity of service provision. In response to this, some participants noted felt that activities offered should be co-produced with CYP as they felt that this was important to understand the needs of CYP accessing the service and develop more targeted person-centred initiatives to enhance service outcomes.

"We know the service is making a difference, but it's hard to evidence it properly without formal measures in place." (Staff 2)

"At the moment, we don't really track progress in a structured way. It's more what we see and hear from the families." (Staff 2)

"I wasn't aware of anything specific. I supported young people in schools, more in the mental health capacity, but it was never a direct referral for suicide bereavement." (Staff 2)

"Initially, we thought people wouldn't want to come back. But so far, hardly anyone's left.

Which is great, but it also creates pressure on capacity." (Staff 3)

"I think it's really important that young people have a say in the activities. It's their space, and they know best what makes them feel comfortable" (Staff 3)

"We've talked about co-producing some of the sessions with the kids. They often have great ideas that could make the groups even more engaging" (Staff 2)

"It's having that common ground for young people and families, making sure their voices are heard in shaping what we offer" (Staff 2)

One CYP felt that they were more able to develop rapport and a trusting therapeutic relationship with the staff at Alfie's Squad when they visit them in their schools. This was important as they felt as though staff showed a genuine interest in them and their needs and helped them to open up about their thoughts and feelings.

"(STAFF) come to my school for sound therapy on Thursdays. I feel comfortable talking to them"

(Young Person 10)

"I now feel more welcome to talk about my data. To school, Alfie's Squad, My uncles, just like, anyone" (Young Person 10)

"I feel more welcome to talk about my dad. Like, to my school, Alfie's Squad, my uncles. Just, like, anyone." (Young Person 10)

Some service users mentioned that they were willing to travel large distances to attend Alfie's Squad, as there are no other forms of postvention support in their area. During the commute, a parent stated that they were able to share protected time with their child that they used to communicate with them side-by-side, as opposed to traditional face by face conversations. This dynamic was said to facilitate open communication that allowed CYP to process their thoughts and feelings with their parent/caregiver.

"It took some gentle encouragement and he came, then we got in the car and he went, "I loved that so much. Can we go every single day?", and it's like he's only been coming for a really short period of time." (Parent 5)

"We've got about a 20 minute drive home and he talks a lot to me in the car, because I'm facing that way and he's facing that way and it seems to be really natural for him" (Parent 5)

"I travel from Wigan... It can sometimes take us an hour and a half to two hours...We used to have a group in Wigan, but because of funding and everything else that stopped. Nobody knew of any more places until I found Alfie's Squad" (Parent 1)

## **RECOMMENDATIONS**

Findings from this review have been used to develop the following recommendations to guide and enhance Alfie's Squad's service delivery, monitoring, and evaluation:

#### 1. Coproduction of Service Activities

Alfie's Squad is encouraged to continue to adopt a coproduction approach in the design and delivery of its activities. Actively involving service users in shaping the service helps to ensure

that it reflects their needs, preferences, and lived experiences. This is achieved through methods such as anonymous feedback forms, focus groups, or consultation workshops. Key areas for future exploration might include the types of activities offered, identification of target groups (e.g., children, young people, adults), preferred frequency and duration of sessions, and delivery formats. Embedding coproduction as a core principle promotes service user ownership and increases engagement.

#### 2. Enhanced Data Collection and Evaluation

To strengthen monitoring and continuous improvement, more robust data collection and evaluation processes are recommended. This involves the continued use of quantitative tools, such as outcome rating scales, administered at both initial assessment and service exit to measure changes over time. In addition, qualitative data gathered through interviews or focus groups provides valuable context and insight into user experiences. Collecting demographic information alongside service outcome measures enables a better understanding of who is accessing the service and whether it is reaching those most in need. These enhancements will support evidence-based service development and demonstrate impact to stakeholders.

## 3. Understanding Impact and Mechanisms of Change

In addition to service outcome measurement, exploring how and why the service makes a difference for users is critical. Qualitative methods such as in-depth interviews or focus groups can again provide rich insights into participants' perceptions of the service, the relevance and quality of outcomes, and the mechanisms that facilitate change. Findings from this work should be used to refine group activities and inform future planning of new services, ensuring they continue to meet social, emotional, and practical needs effectively.

## 4. Social Prescribing Integration

Alfie's Squad is aligning its model with Social Prescribing pathways. This allows trusted professionals, such as GPs or link workers, to refer individuals directly into the service, broadening access and integrating support within wider care systems. A time-bound programme offer (e.g., 10-week sessions) with opportunities for review or continuation could help manage demand and ensure safe transitions from peer support. To underpin this approach, the service can consider expanding its activity range to meet diverse needs, tailoring sessions to different age groups, and using anonymised feedback mechanisms to ensure ongoing alignment with user needs and expectations.

#### 5. User-Friendly Feedback Mechanisms

Feedback systems should be designed to encourage regular feedback from service users. Clear and accessible feedback forms should be made available throughout the service environment. To maintain confidentiality and promote reliable responses, secure and clearly marked collection points, such as locked post boxes, are recommended. Embedding user-friendly feedback processes will ensure service users feel heard and will provide valuable information for ongoing improvement. Regularly reviewing and streamlining feedback processes will help ensure they remain accessible.

#### 6. Building Strategic Partnerships

To enhance sustainability and impact, Alfie's Squad should continue to embed its peer bereavement service within local Integrated Care System (ICS) pathways. Strengthening collaboration with Voluntary, Community and Social Enterprise (VCSE) networks is also recommended. These partnerships can broaden referral routes, increase community-based support options, and ensure the service aligns with local suicide prevention and postvention strategies. Building these strategic relationships will enhance the service's integration within the wider support landscape and enable a coordinated response to the needs of those bereaved by suicide.

#### Conclusion

This evaluation has demonstrated the value of Alfie's Squad as a peer-support service in addressing the social, emotional, and practical needs of individuals bereaved by suicide. To enhance the service's impact and sustainability, we recommend the continued implementation of a data system to enable robust and consistent data collection practices to monitor outcomes and inform ongoing development. Additionally, Alfie's Squad should seek to strengthen community partnerships by embedding its provision within Integrated Care System (ICS) structures and Voluntary, Community, and Social Enterprise (VCSE) networks in new sites where new services may be implemented. This integration could form part of a broader social prescribing framework, enabling individuals to access time-bound, needs-based support. Further research is recommended to explore the long-term outcomes and sustainability of this model.

## REFERENCES

- Abbate, L., Chopra, J., Poole, H., & Saini, P. (2024). Evaluating postvention services and the acceptability of models of postvention: A systematic review. OMEGA-Journal of Death and Dying, 90(2), 865-905. <a href="https://doi.org/10.1177/0030222822111272">https://doi.org/10.1177/0030222822111272</a>
- Ahn, S. Y., Yu, S., Kim, J. E., & Song, I. H. (2023). The relationship between suicide bereavement and suicide ideation: analysis of the mediating effect of complicated grief. *Journal of affective disorders*, 331, 43-49. https://doi.org/10.1016/j.jad.2023.03.008
- Asher, S. R., & Wheeler, V. A. (1985). Children's loneliness: A comparison of rejected and neglected peer status. *Journal of Consulting and Clinical Psychology*, 53(4), 500–505. <a href="https://doi.org/10.1037/0022-006X.53.4.500">https://doi.org/10.1037/0022-006X.53.4.500</a>
- Bartone, P. T., Bartone, J. V., Violanti, J. M., & Gileno, Z. M. (2019). Peer support services for bereaved survivors: a systematic review. *OMEGA-Journal of Death and Dying*, 80(1), 137-166. https://doi.org/10.1177/0030222817728204
- Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? Qualitative Research in Psychology, 18(3), 328–352. https://doi.org/10.1080/14780887.2020.1769238
- Cully, G., Walsh, E., Murphy Meehan, A., O'Connell, S., Stringer, C., & Griffin, E. (2025). Identifying the support needs of young people bereaved by suicide (April 2025) [Research report].

  National Suicide Research Foundation. <a href="https://www.nsrf.ie/wp-content/uploads/2025/05/Report-Identifying-the-support-needs-of-young-people-bereaved-by-suicide-April-2025.pdf">https://www.nsrf.ie/wp-content/uploads/2025/05/Report-Identifying-the-support-needs-of-young-people-bereaved-by-suicide-April-2025.pdf</a>
- Evans, A., & Abrahamson, K. (2020). The influence of stigma on suicide bereavement: A systematic review. *Journal of psychosocial nursing and mental health services*, 58(4), 21-27. <a href="https://doi.org/10.3928/02793695-20200127-02">https://doi.org/10.3928/02793695-20200127-02</a>
- Feigelman, W., Jordan, J. R., & Gorman, B. S. (2009). How they died, time since loss, and bereavement outcomes. *Omega: Journal of Death and Dying*, 58(4), 251–273. https://doi.org/10.2190/OM.58.4.a
- Graham, F., Bartik, W., Wayland, S., & Maple, M. (2025). Effectiveness and acceptability of interventions offered for those bereaved by parental loss to suicide in childhood: a mixed methods systematic review. Archives of suicide research, 29(1), 45-76. <a href="https://doi.org/10.1080/13811118.2024.2351101">https://doi.org/10.1080/13811118.2024.2351101</a>
- Griffin, E., O'Connell, S., Ruane-McAteer, E., Corcoran, P., & Arensman, E. (2022). Psychosocial outcomes of individuals attending a suicide bereavement peer support group: A follow-up study. International journal of environmental research and public health, 19(7), 4076. <a href="https://doi.org/10.3390/ijerph19074076">https://doi.org/10.3390/ijerph19074076</a>

- Hafekost, J., Lawrence, D., Boterhoven de Haan, K., Johnson, S. E., Saw, S., Buckingham, W. J., Sawyer, M., Ainley, J., & Zubrick, S. R. (2015). Strengths and Difficulties Questionnaire: Reliability and validity in a national survey of children and adolescents. Australian & New Zealand Journal of Psychiatry, 50(8), 744–753. https://doi.org/10.1177/0004867415617822
- Inostroza, C., Rubio-Ramirez, F., Bustos, C., Quijada, Y., Fernández, D., Bühring, V., ... & Araya, M. P. (2024). Peer-support groups for suicide loss survivors: A systematic review. *Social Work with Groups*, 47(3), 234-250. https://doi.org/10.1080/01609513.2023.2249053
- Lestienne, L., Leaune, E., Haesebaert, J., Poulet, E., & Andriessen, K. (2021). An integrative systematic review of online resources and interventions for people bereaved by suicide. *Preventive Medicine*, 152, Article 106583. https://doi.org/10.1016/j.ypmed.2021.106583
- Logan, N., Krysinska, K., & Andriessen, K. (2024). Impacts of suicide bereavement on men: a systematic review. Frontiers in public health, 12, 1372974. <a href="https://doi.org/10.3389/fpubh.2024.1372974">https://doi.org/10.3389/fpubh.2024.1372974</a>
- National Suicide Research Foundation. (2023). Postvention: Guidelines for Responding to Suspected Suicide in the School Community. Cork: NSRF. Retrieved from <a href="https://www.nsrf.ie">https://www.nsrf.ie</a>
- 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. DOI:10.1016/S2215-0366(14)70224-X
- Tal, I., Mauro, C., Reynolds III, C. F., Shear, M. K., Simon, N., Lebowitz, B., ... & Zisook, S. (2017). Complicated grief after suicide bereavement and other causes of death. *Death studies*, 41(5), 267-275. https://doi.org/10.1080/07481187.2016.1265028
- Wagner, B., Hofmann, L., & Grafiadeli, R. (2021). The relationship between guilt, depression, prolonged grief, and posttraumatic stress symptoms after suicide bereavement. *Journal of Clinical Psychology*, 77(11), 2545-2558. <a href="https://doi.org/10.1002/jclp.23192">https://doi.org/10.1002/jclp.23192</a>
- World Health Organization. (2021, June 16). Suicide: Key facts. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/suicide