

Berkshire Suicide Prevention Strategy Data Report

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Suicide rates in England and Wales

The definition of suicide used for National Statistics includes all deaths from intentional self-harm for persons aged 10 years and over and deaths caused by injury or poisoning where the intent was undetermined for those aged 15 or over. Figures are based on the date on which the death was registered rather than the date which the death occurred. There will be a delay between these two dates meaning that half of deaths will have occurred in the year before the year that they were registered. All deaths cause by suicide are certified by a Coroner following an inquest and cannot be registered until the inquest is complete. This can take months or even years and this delay between death, inquest, and registration will have been further increased during the Covid-19 pandemic.

In England and Wales, all deaths caused by suicide are certified by a coroner. In July 2018, the standard of proof¹ used by coroners to determine if a death was caused by suicide was lowered. This will have increased the numbers of deaths recorded as suicide after this date. The impact of this on how we interpreted changes in suicide rates overtime is being investigated. Initial findings suggest that the increases in suicide in 2018 appeared to begin prior to the July change and that the change in standard of proof alone is not enough on its own to explain the increase in numbers of suicides.

Please refer to the [glossary](#) for an explanation of the terms used when describing the data on suicide rates presented below.

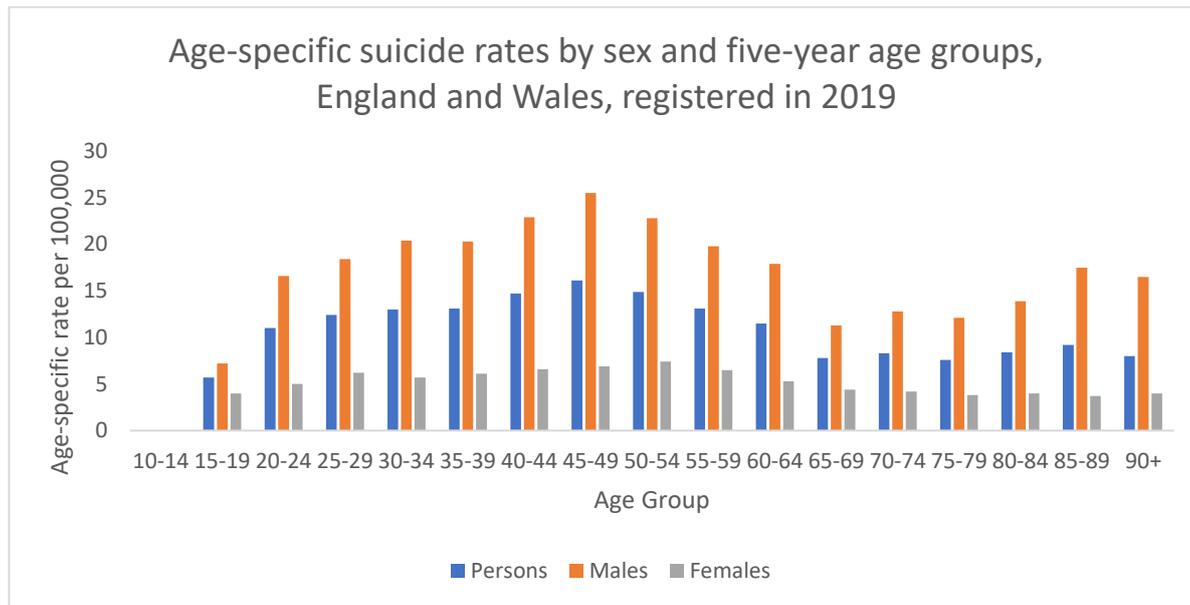
The suicide rate in England and Wales in 2019 was 11 per 100,000. Rates increased from the previous year for both males and females. Males accounted for three-quarters of suicides in England and Wales in 2019 and the male suicide rate in England was the highest seen since 2000. The suicide rate for males in the South East increased significantly to 16.8 per 100,000 from 13.5 per 100,000 in 2018.

Age and gender

Since the early 1980s rates in suicide by age have shown a consistent pattern, peaking among the middle-aged (40-54 years) before decreasing until the ages of 80-84, from which they begin to rise once more.

¹ The standard of proof was lowered to the “civil standard” - balance of probabilities - where previously a “criminal standard was applied” - beyond all reasonable doubt

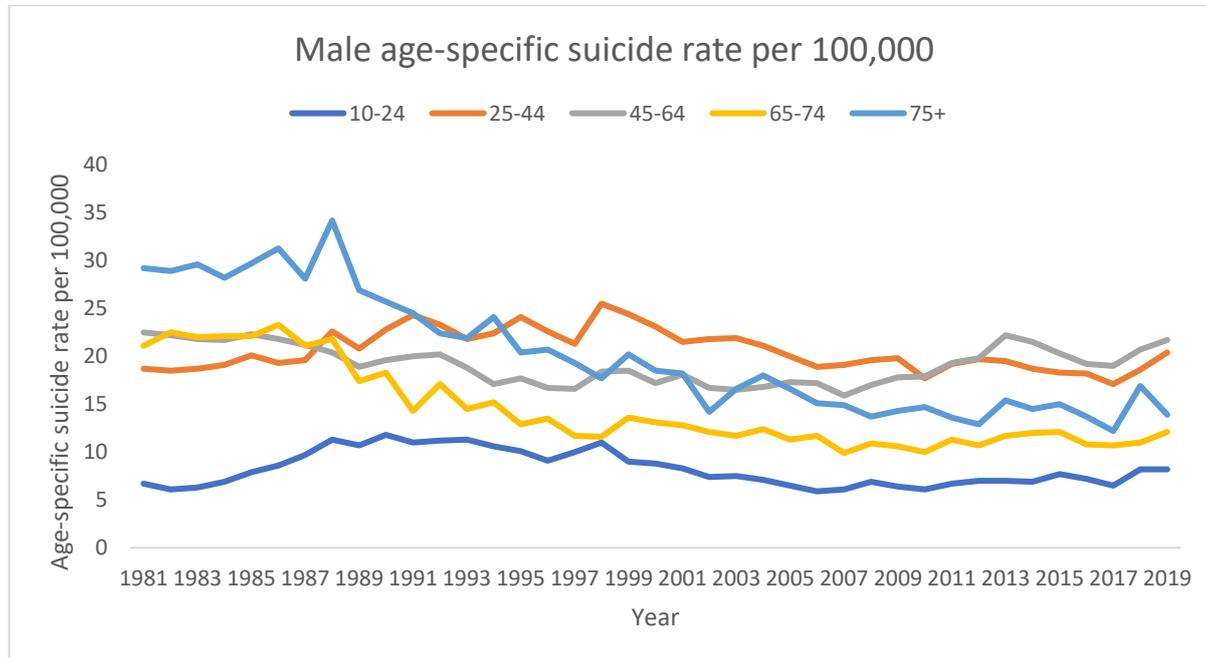
Figure 1: Suicide patterns by age



Source: Office for National Statistics - Suicides in England and Wales 2019

Suicide rates in males saw a decline from the late 1988 until 2007 when rates began to fluctuate at around 14 per 100,000. Suicide rates in males have increased between 2017 and 2019 mainly reflected in those aged 10 to 24 years, 25 to 44 years and 45 to 64.

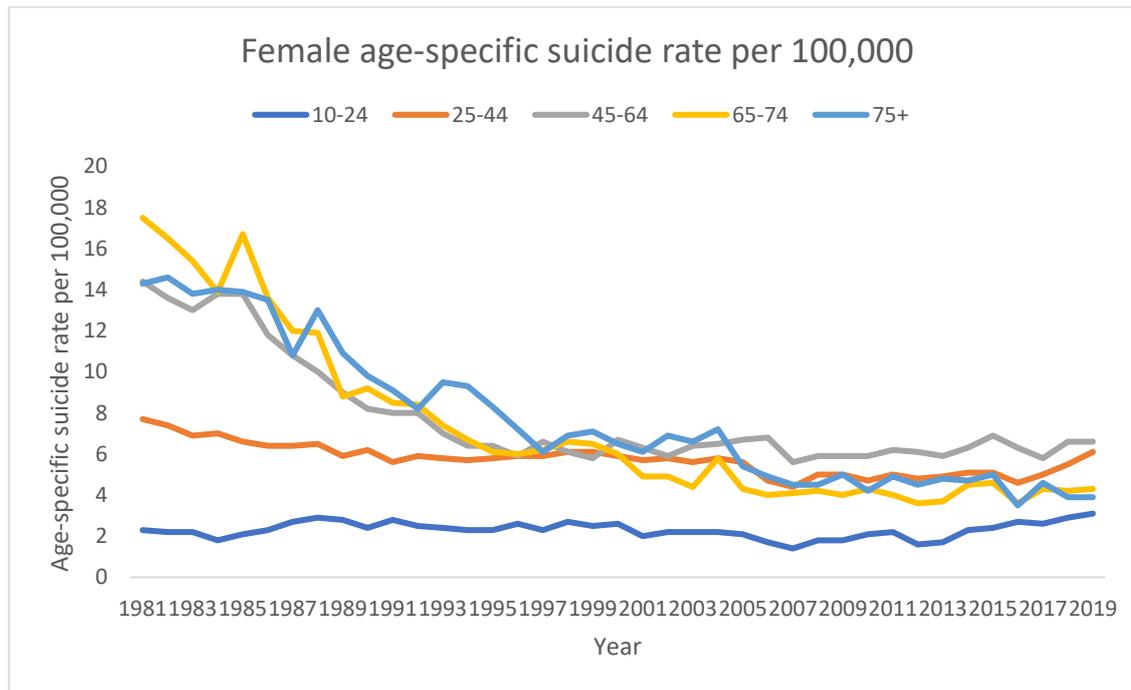
Figure 2: Suicide rates in males by age group



Source: Office for National Statistics - Suicides in England and Wales 2019

In 2019, the suicide rate among females aged 10 to 24 years in England and Wales was the highest recorded since 1981. The rate has increased by 93.8% from 1.6 deaths per 100,000 to 3.1 deaths per 100,000. The rate among females aged 25 to 44 years has also significantly increased from 4.5 to 6.1 deaths per 100,000 since 2016.

Figure 3: Suicide rates in females by age group



Source: Office for National Statistics - Suicides in England and Wales 2019

Suicide rates in Berkshire

Table 1 shows the number of deaths in Berkshire local authorities due to suicide over a rolling three-year time period. There was a total of 198 deaths from suicide in Berkshire between 2017 and 2019. This translates to an age-standardised rate of 8.7 per 100,000 population. There has been a non-statistically significant increase in rate from 2016-18.

In 2017-19, rates were highest in Reading and West Berkshire. Wokingham has the lowest rate of suicide. There were 26.8 years of life lost per 100,000 population from suicide across Berkshire on average between 2017-19. West Berkshire has the highest average life years lost at 33 per 100,000 population. However, this figure is not significantly different to the figures for England and the South East Region.

It is important to note that it is difficult to make clear comparisons between areas due to the random fluctuation that can be seen in statistics calculated from small numbers. None of the differences between areas described above or seen in table 1 are statistically significant.

Table 1: Suicides in Berkshire

	Number of deaths			Age-standardised rate per 100,000			Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3-year average)		
	2015 - 17	2016 - 18	2017 - 19	2015 - 17	2016 - 18	2017 - 19	2015 - 17	2016 - 18	2017 - 19
England	13846	14047	14788	9.6	9.6	10.1	30.8	31.3	33.0
South East region	2230	2194	2299	9.4	9.2	9.6			
Bracknell Forest	32	27	28	10.4	9.1	9.1	28.4	23.6	26.3
Slough	30	38	31	7.7	10.1	8.9	29.8	34.2	25.7
Windsor and Maidenhead	33	33	32	8.5	8.5	8.0	34.3	32.2	25.4
Reading	33	28	38	8.0	7.2	9.9	23.9	18.6	26.2
West Berkshire	35	35	40	8.4	8.5	9.7	26.8	28.8	32.9
Wokingham	35	29	29	8.1	6.7	6.8	22.9	21.4	24.0
Berkshire	198	190	198	8.5	8.3	8.7	27.7	26.5	26.8

Source: Public Health England Suicide Prevention Profile

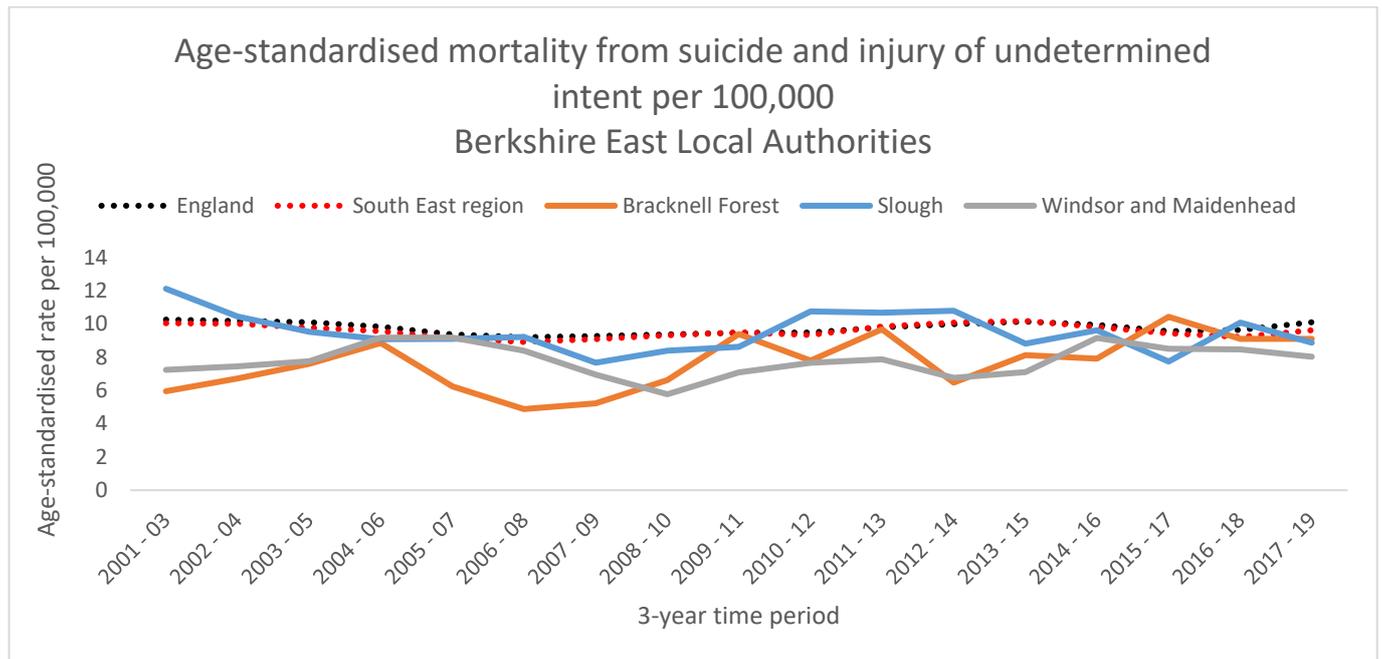
Rates of suicide across Berkshire have remained relatively stable since 2001-03 despite some fluctuation which is described in more detail below.

Rates in Slough have stayed close to the national and regional averages since 2001-03. Rates in Windsor and Maidenhead dipped significantly below national and regional averages in 2008-19 and 2012-14 before returning in line with these averages in the time period up to and including 2017-19. Rates in Bracknell Forest dropped significantly below national and regional averages for the two consultative time periods of 2006-08 and 2007-09 and then again in 2012-14 before also returning in line with these averages in the time period up to and including 2017-19.

Rates in Reading have stayed close to the national and regional averages since 2001-03. Rates in West Berkshire dropped significantly below national and regional averages for the two consultative time periods of 2013-15 and 2014-16 before returning in line with these averages in the time period up to and including 2017-19. Rates in Wokingham are consistently below the regional and national averages, being significantly lower between 2001 and 2005 and again between 2010 and 2015. They remain lower in the time period up to and including 2017-19 although the difference is no longer significant.

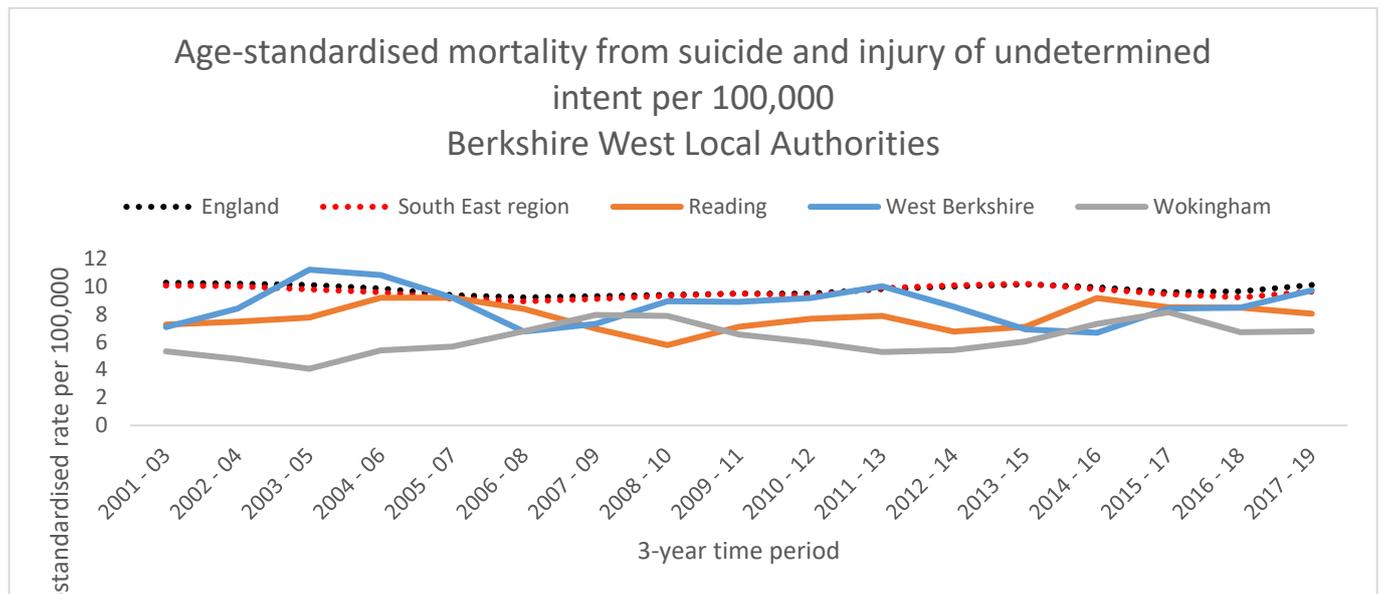
As numbers of suicides at an individual Berkshire Local Authority level are relatively small, patterns and themes at a Berkshire level should also be considered for the purpose of suicide prevention work. This allows patterns to emerge in the data over a shorter timeframe than would be required when looking at numbers at an individual Local Authority level thus enabling a prompter intervention response.

Figure 4: Suicide rates in Berkshire East Local Authorities



Source: Public Health England Suicide Prevention Profile

Figure 5: Suicide rates in Berkshire West Local Authorities

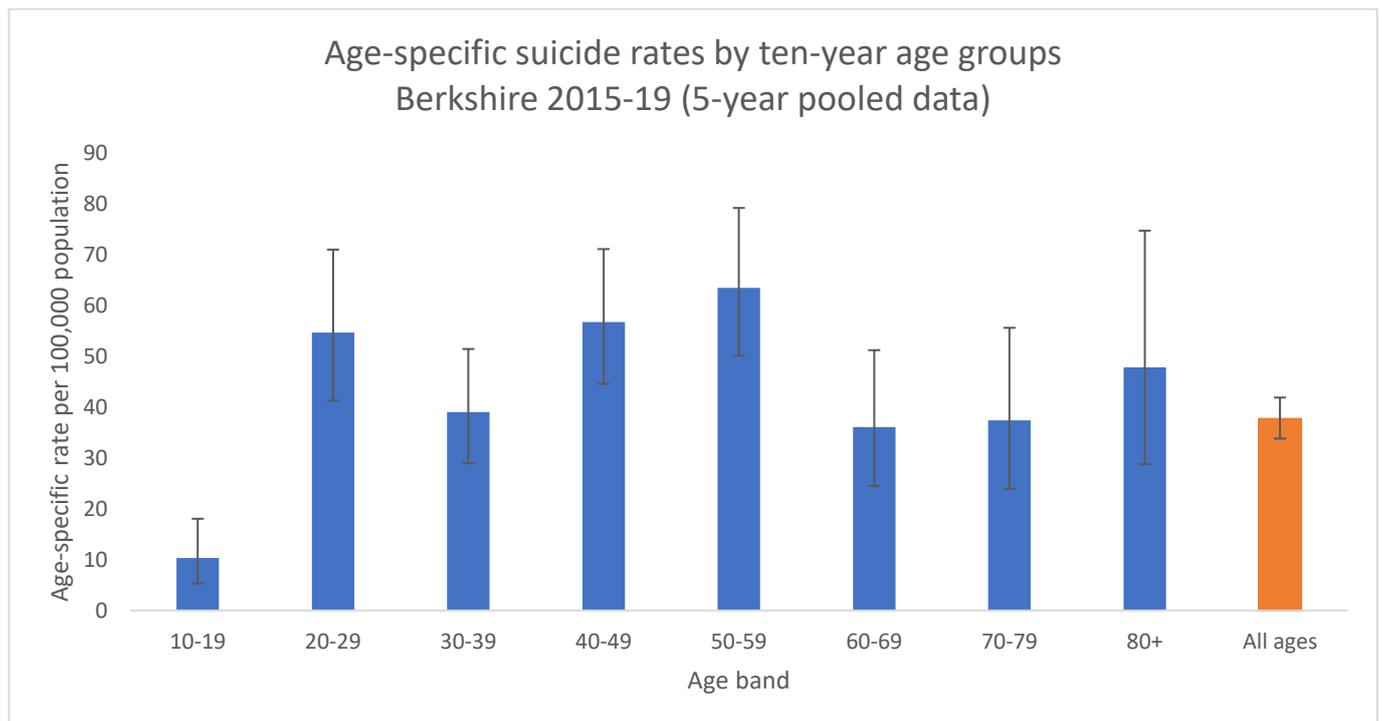


Source: Public Health England Suicide Prevention Profile

Age and gender

Since the 1980s' age-specific suicide rates in England have shown a consistent pattern, peaking among the middle-aged (40-54 years) before decreasing until the ages of 80-84, from which they begin to rise. In order to assess age-specific suicide rates in Berkshire, it is necessary to pool together five years' worth of data. This is done to reduce the chance of identifying differences that have occurred at random within the data, which is more likely to happen when numbers are relatively small.

Figure 6: Age-specific suicide rates



Source: ONS Civil Registrations Data provided under license by NHS Digital

Age-specific suicide rates in Berkshire generally show a similar pattern to the national picture. They peak in the 50-59-year-old age band before decreasing until the age of 80 plus years. In Berkshire, suicide rates in the 40-49-year-old age group (57 per 100,000) and in the 50-59-year-old age group (63 per 100,000) are significantly higher than the average across all age groups combined (37 per 100,000). Nationally, suicide rates in males aged 10 to 24 years and 25 to 44 years have been increasing since 2017. In 2019, the suicide rate among females aged 10 to 24 years in England and Wales is the highest recorded since 1981. In Berkshire, the suicide rate in the 20-29-year-old age group is significantly higher (55 per 100,000) than the average for all age groups.

In England, three quarters of all suicides are male suicides. In Berkshire between 2017 and 2019, the male age-standardised suicide rate was 14.1 per 100,000 which is lower than the rate for England (15.5 per 100,000) and similar to the rate for the South East (14.6 per 100,000). The proportion of suicides that were male suicides for Berkshire local authorities between 2017 and 2019 range from 69% in Windsor and Maidenhead to 90% in Slough. Age-standardised rates for male suicides range from 11.1 per 100,000 in Wokingham, and Windsor and Maidenhead to 16.6 per 100,000 in Bracknell Forest. Numbers are too small to detect any statistically significant differences between Berkshire local authorities, or between Berkshire local authorities and the regional and national averages but do suggest some variation between areas in both the male suicide rate and the proportion of all suicides that are male suicides.

Table 2: Male suicides

	Male deaths			Male age-standardised rate per 100,000			Proportion of all deaths by suicide that are male deaths		
	2015 - 17	2016 - 18	2017 - 19	2015 - 17	2016 - 18	2017 - 19	2015 - 17	2016 - 18	2017 - 19
England	10392	10592	11145	14.7	14.9	15.5	75%	75%	75%
South East region	1643	1606	1707	14.3	13.9	14.6	74%	73%	74%
Bracknell Forest	30	24	24	19.7	16.9	16.6	94%	89%	86%
Slough	26	34	28	13.0	17.9	16.0	87%	89%	90%
Windsor and Maidenhead	20	21	22	10.7	11.1	11.1	61%	64%	69%
Reading	27	20	28	13.2	10.4	13.8	82%	71%	74%
West Berkshire	27	28	32	13.5	14.0	15.8	77%	80%	80%
Wokingham	25	19	23	12.0	9.1	11.1	71%	66%	79%
Berkshire	155	146	157	13.7	13.2	14.1	78%	77%	79%

Source: Public Health England Suicide Prevention Profile

Number of female suicides at a local authority level are very small. There were 41 female suicides across all Berkshire local authorities between 2017 and 2019. Age-standardised rates can only be calculated for Reading, and Windsor and Maidenhead local authorities for this time period, as these are the only local authorities with 10 or more female suicides. The 2017-19 female suicide rate for Reading is 5.5 per 100,000 and the rate for Windsor and Maidenhead is 5.0 per 100,000. These figures are both in line with England (4.9 per 100,000) and the South East Region (4.8 per 100,000).

Occupation group

Office of National Statistics (ONS) death registration statistics categorise a person's occupation using the Standard Occupational Classification (SOC) 2010. The analysis below looks at the Major SOC Group of people who have died from suicide or an injury of undetermined intent who were resident in Berkshire and who died between 2015 and 2019. Anyone aged less than 16 has been excluded. Student is not included in the SOC so this category has been added based on the occupation recorded on the death registration. This resulted in 237 deaths been included in the analysis based on data on deaths registered between 2015 and 2019.

Table 3: Major Occupation Groups

Major Occupation Group	Deaths from suicide and injury of undetermined intent 2015-19	% of all deaths from suicide and injury of undetermined intent	Lower limit	Upper limit
Administrative and Secretarial Occupations	*	*	*	*
Associate Professional Occupations	31	13%	9%	18%
Caring, Leisure and Other Service Occupations	18	8%	5%	12%
Elementary Occupations	26	11%	8%	16%
Managers, Directors and Senior Officials	22	9%	6%	14%
Process, Plant and Machine Operatives	20	8%	6%	13%
Professional Occupations	30	13%	9%	17%
Sales and Customer Service Occupations	*	*	*	*
Skilled Trades Occupations	61	26%	21%	32%
Student	14	6%	4%	10%
TOTAL DEATHS	237			

Source: ONS Civil Registrations Data provided under license by NHS Digital

In Berkshire, between 2015 and 2019, a quarter of people dying from suicide had an occupation group of 'Skilled Trades Occupations (26%, 95% CI [21%, 32%]).

Seasonal variation

A count of the number of suicides in Berkshire by the season in which death occurred does not reveal any season where suicides are more likely to occur.

Table 4: Seasonal variation

Season	Deaths from suicide and injury of undetermined intent 2015-19	% of all deaths from suicide and injury of undetermined intent
Autumn (Sept-Nov)	95	28%
Spring (Mar-May)	81	23%
Summer (Jun-Aug)	90	26%
Winter (Dec-Feb)	79	23%
TOTAL DEATHS	345	

Source: ONS Civil Registrations Data provided under license by NHS Digital

Deprivation

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England. It is an overall measure of deprivation experienced by people living in every Lower Super Output Areas (LSOA), or neighbourhood, in England. All neighbourhoods are ranked according to their level of deprivation and are grouped into 10 equal groups (deciles). These

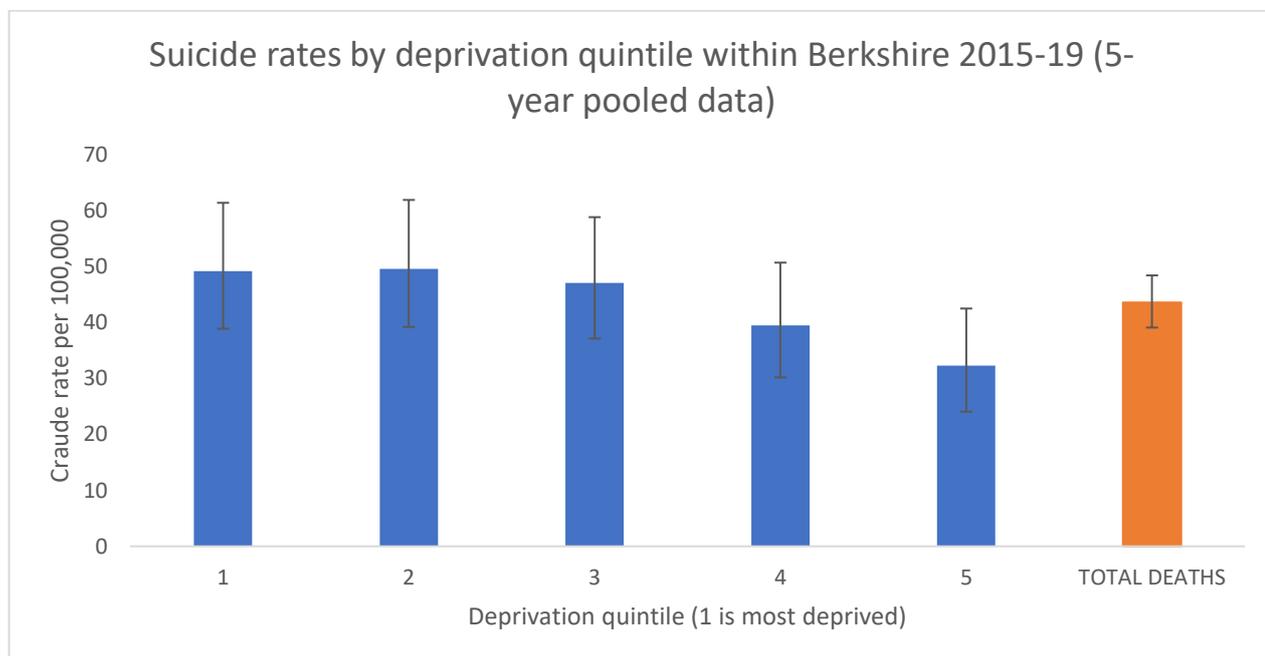
groups describe each an area based on which decile of the IMD it falls into. Group 1 being the most deprived 10% and group 10 being the least deprived 10%.

Neighbourhoods in Berkshire are not evenly distributed across these 10 national deciles with neighbourhoods in some Local Authority areas in Berkshire being heavily skewed towards the least deprived deciles. Therefore, to assist in looking at suicide data in Berkshire by deprivation, Berkshire neighbourhoods have been ranked in order of deprivation when compared to all other neighbourhoods in Berkshire. They have been split into 5 equal groups (quintiles) in order to describe each neighbourhood in terms of how deprived it is in relation to all other Berkshire neighbourhoods. Group 1 neighbourhoods are the least deprived in Berkshire, group 5 neighbourhoods are the most deprived in Berkshire.

The home address of people dying from suicide between 2015 and 2019 in Berkshire has been used in order to count the number of suicides within each Berkshire deprivation quintile. The total number of people aged 10 and over living within each deprivation quintile has been used to calculate this as a crude rate per 100,000.

Although not statistically significant, there is a trend within Berkshire for higher rates of suicides to occur within populations living in the more deprived areas of the county. Suicide rates are lowest amongst people living in the least deprived areas (32 per 100,000 in quintile 5) and higher amongst those living in the more deprived areas (49 per 100,000 in quintiles 1 and 2).

Figure 7: Suicide rates by deprivation



Source: ONS Civil Registrations Data provided under license by NHS Digital

Real-time surveillance data

Typically, it is 5 to 6 months after a death before a formal suicide verdict is obtained and it is only at this point that a death will be recorded and counted as suicide in the ONS data that has been used so far in this report. Real Time Surveillance Systems (RTSSs) have been developed to allow early data capture and sharing of information amongst key partners

working on suicide prevention. Berkshire is one of several areas which benefit from an RTSS to inform its suicide prevention work.

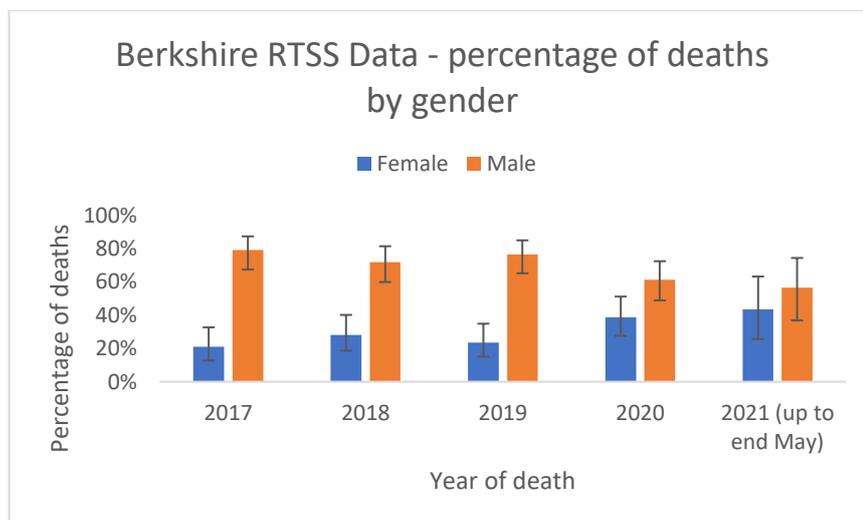
Details of suspected suicides are usually gathered by a police officer attending the scene of a sudden death, but sometimes by a coroner’s officer receiving a sudden death report, or by a member of hospital staff. What information is available regarding an individual’s background and circumstances is very much dependent on whether relatives or close friends are available to share this, and how well informed they may be.

In addition to demographic information such as gender and age, the RTSS in Berkshire, captures marital status, and known contact with mental health services and any other information on circumstances which appears may be relevant to the suicide at the time of compiling the initial report. Since March 2020, any known impacts of the Covid-19 pandemic on the individual are also noted, e.g. reduced access to support, impact of isolation, additional economic or other stresses.

Given the purpose of the RTSS, the priority is to record information quickly and share this appropriately rather than delaying whilst details can be cross-checked and confirmed. This means that data used for secondary statistical purposes should be interpreted with a degree of caution. However, the Berkshire RTSS data provides a valuable contribution to the evidence base that informs the Berkshire Suicide Strategy despite the lack of systematic validation given to the information provided at the scene and, is therefore, summarised for inclusion in this report below.

280 suspected suicides were recorded in the Berkshire RTSS between 1st January 2017 and 27th May 2021. Two thirds were male. However, the gender difference in suicides recorded in the RTSS notably reduced in 2020 with 39% of all suspected suicides being female suicides. This can be compared to 21% of all suspected suicides being female suicides in 2017. The gender difference became no longer statistically significant in 2020 and this trend appears to be continuing into the early part of 2021. Potential suicides amongst females have increased year on year since data began been collected in 2017.

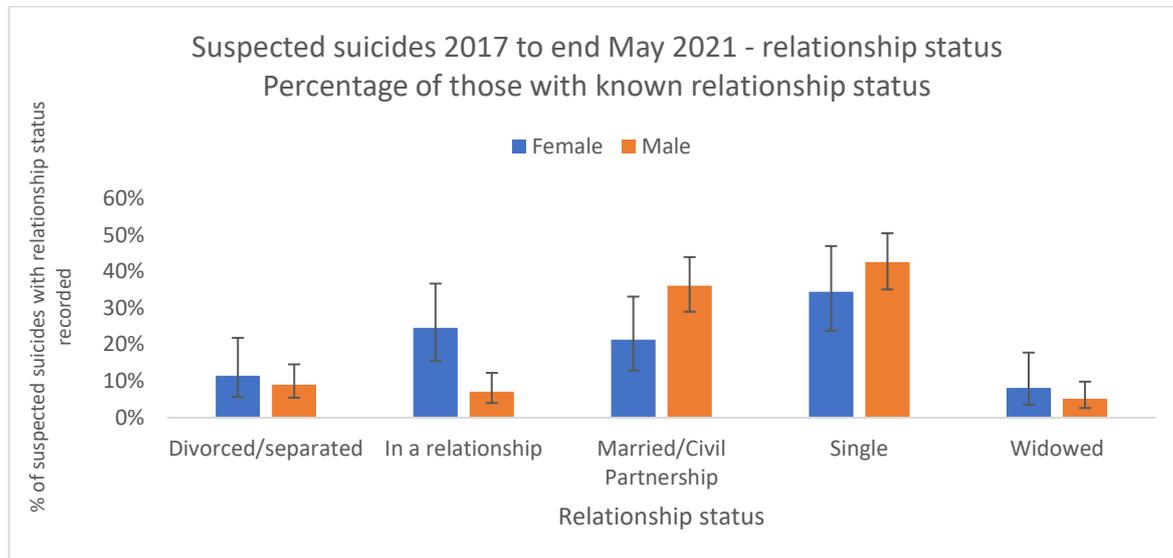
Figure 8: Suspected suicides by gender



Source: Berkshire Real Time Suicide Surveillance Data

Almost 80% of suspected suicides had information detailing relationship status collected via the RTSS. Of those with known relationship status, 40% were single (35% of females and 43% of males). Relationship status varies by gender with females been significantly more likely to be in a relationship (not including marriage and civil partnerships) than males.

Figure 9: Suspected suicides by relationship status and gender



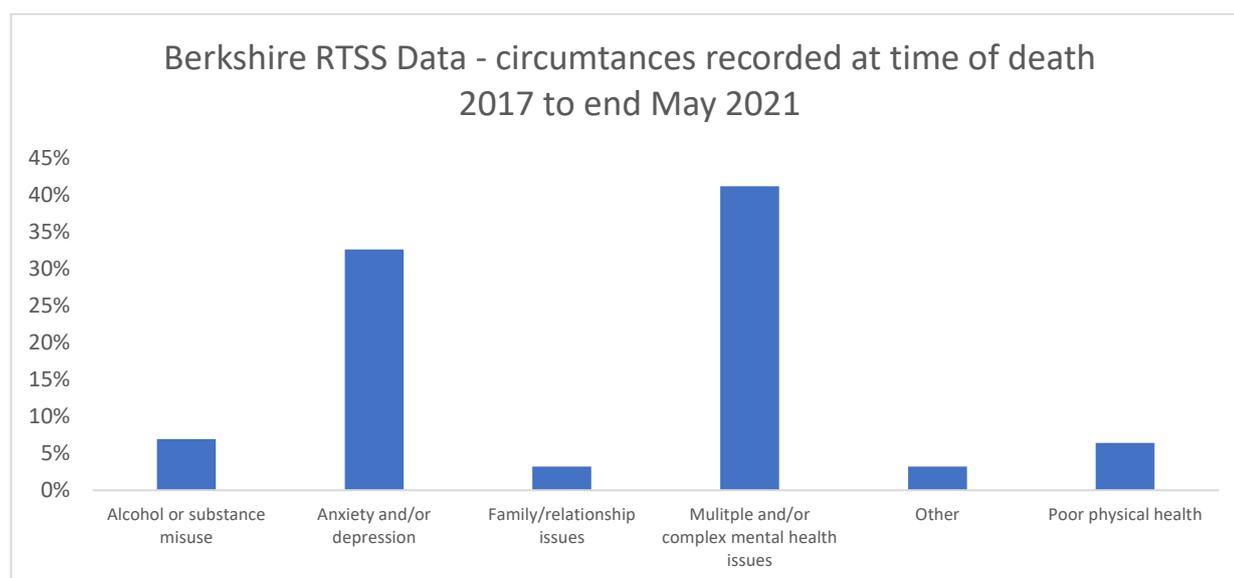
Source: Berkshire Real Time Suicide Surveillance Data

67% of suspected suicides occurred in a person’s own home, 20% occurred in a place accessible by the general public and the remainder occurred in a communal establishment or hotel.

As part of RTSS, information is collected on medical history of the individual including known illnesses, contact with health services, and anything else that may be relevant. There is also a section for describing the circumstances leading up to the death. These are extracted and summarised to provide a description of any individual circumstances that may be relevant to the potential suicide. For the purpose of this report, these circumstances have been grouped into 10 categories. This will not be a full and complete picture of the circumstances leading to individual deaths but will be indicative of patterns at a population level that may warrant further investigation/intervention.

Out of the 187 potential suicides where information was provided around the relevant medical history and/or the circumstances leading to death, 41% had multiple or complex mental health issues. A further 33% have a history or anxiety and/or depression. Other reported factors included alcohol or substance misuse in the absence of any other recorded mental health issue (7%) and poor physical health (6%). Previous suicide attempts were mentioned in relation to 22 deaths (12%). Direct links to the Covid-19 pandemic were flagged in 8 suspected suicides.

Figure 10: Suspected suicides by circumstances recorded at time of death



Source: Berkshire Real Time Suicide Surveillance Data (data with underlying numbers of <5 have been suppressed)

It is likely that this data will be skewed towards the more immediately apparent factors with other, indirect contributing factors only coming to light through further investigation into the death. For example, the 2018 Berkshire Suicide Audit highlighted the following as seen on a recurring basis in inquest reports:

- Relationship difficulties (67%)
- One or more mental health diagnoses (63%)
- One or more physical health conditions (61%)
- History of self-harm (21%)
- Work-related stress (20%)
- Financial issues (19%)
- Involvement with police or courts (15%)
- Bereaved by suicide (6%)

Female suicides

As noted earlier, the gender difference in suicides recorded in the RTSS notably reduced in 2020. The proportion of suspected suicides recorded in Berkshire RTSS that were female suicides increased in 2020 to 39% from 21% in 2017. This trend appeared to be continuing into the early part of 2021. The Berkshire Suicide Prevention Group agreed that the number of female suspected suicides in Berkshire for 2020 was sufficiently unusual to convene a response group to look at cases in more depth.

This deep-dive was based on RTSS (GEN-19) data and further supplemented by further enquiries of GPs, secondary mental health care and bereaved families where appropriate and possible without re-traumatising.

Deaths are highest in Slough and Reading accounting for 25% and 37% of all female deaths respectively. Up until the age of 60, there is an increasing trend in the number of suicides by

age. When considering 10-year age bands, deaths are highest in the 20-29 and 40-49-year-old age groups with these two groups accounting for 38% of deaths.

Although the numbers are too small to identify statistically significant themes, several issues were identified for more than one of the women who died:

- a. A mental ill-health diagnosis and history of contact with mental health services
- b. Adverse Childhood Experiences - most often related to sexual abuse, but also loss of or separation from parents
- c. History of self-harm
- d. History of alcohol or substance abuse
- e. Parenting / carer stress
- f. Financial stress
- g. Domestic abuse
- h. Workplace stresses and adjustment challenges, particularly for those in a health, care or other frontline role (including childcare and police)
- i. Neurodiversity
- j. Bereavement and grief
- k. History of disordered eating
- l. Denial of suicidal intent at the time of last contact with services

Although clear and direct links to the impact of COVID-19 appear in only a small number the cases considered so far, there may be other and more subtle links, such as have come to light where it has proved possible to have further discussion with bereaved relatives. As the pandemic and associated control measures have disrupted access to services for many people, this makes it more difficult to gather information about people's circumstances just prior to death, e.g. via enquiries of primary care. The impact of COVID remains an issue to consider.

Perinatal mental health

The perinatal period refers to pregnancy and the first year following the birth of a child. Perinatal mental health problems are mental health problems that occur during this period. They affect up to 20% of new and expectant mothers and include a wide range of conditions including depression, anxiety, and psychosis. If left untreated, perinatal mental health issues can have significant and long-lasting impacts on the woman, the child, and the wider family.

In their guidance for commissioners of perinatal mental health services, the Joint Commissioning Panel for Mental Health, drew together data from various research into the prevalence of perinatal mental health conditions to provide the overview of prevalence shown in the table below. By applying the national prevalence estimates to the total number of maternities in Berkshire, we can estimate numbers at a local level. These estimates do not consider socioeconomic factors or any other factors that may cause local variation in prevalence. We cannot estimate the overall number of women in Berkshire with a perinatal mental health condition, as some women will have more than one of these conditions.

Table 5: Rates of perinatal psychiatric disorder per 1,000 maternities

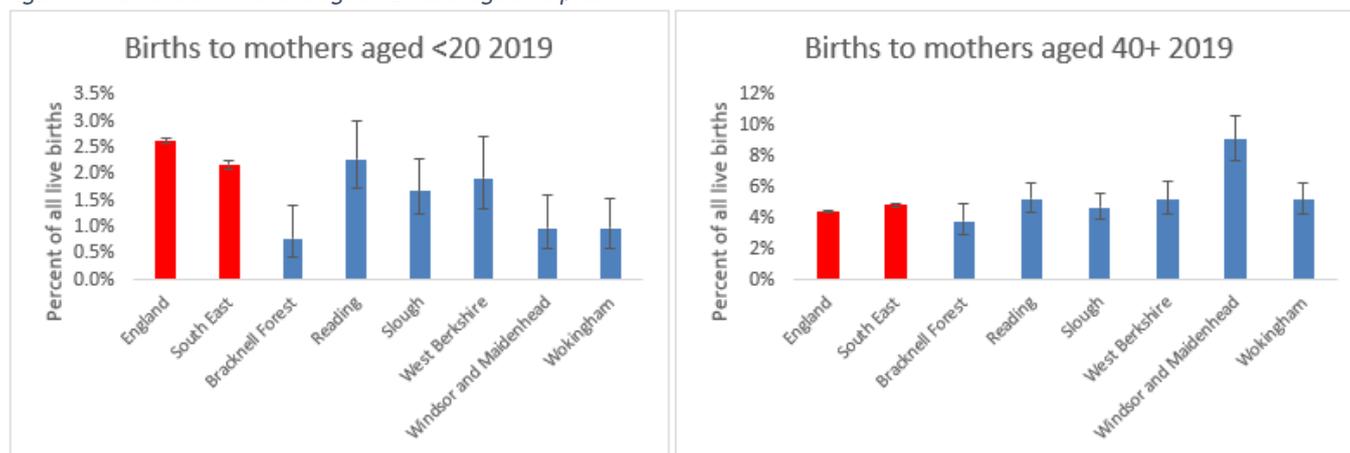
Condition	Rate per 1,000 (Joint Commissioning Panel for Mental Health report)	Berkshire maternities (ONS, 2019)	Estimated number of women in Berkshire with condition
Postpartum psychosis	2	10,367	21
Chronic serious mental illness	2		21
Severe depressive illness	30		311
Mild-moderate depressive illness and anxiety states	100-150		1,037-1,555
Post-traumatic stress disorder	30		311
Adjustment disorder and distress	150-300		1,555-3,110

Source: Joint Commissioning Panel for Mental Health, 2012/Office for National Statistics

Prevalence of mental illness varies by age with many studies finding a significant correlation between young age and depression/anxiety during pregnancy. Some studies have also found high rates of mental illness amongst older mothers (Biaggi et al, J Affect Disord; 191:62-77).

In 2019, 163 births were to mothers aged less than 20 and 594 were to mothers aged 40 and over. The percentage of all births that were to mothers aged less than 20 and aged 40 plus can be seen for each Berkshire local authority below and is compared to the averages for the South East Region and England. Births to younger mothers are significantly below average in Bracknell Forest, Windsor and Maidenhead, and Wokingham. Births to mothers aged 40 plus are significantly higher than average in Windsor and Maidenhead.

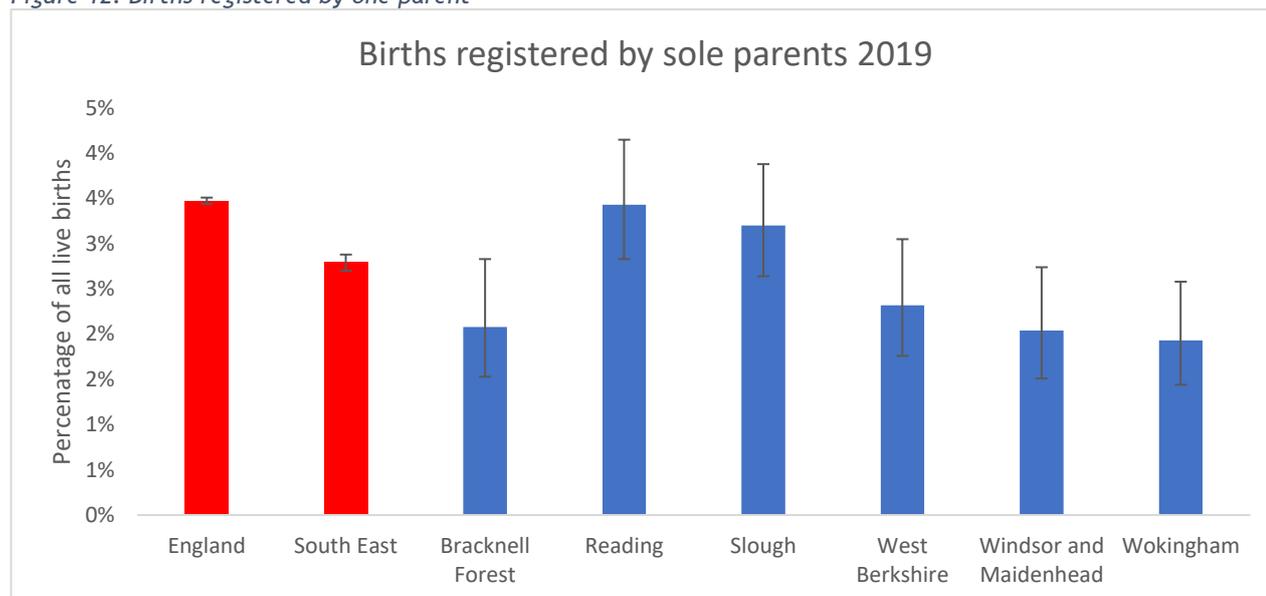
Figure 11: Births to mothers aged <20 and aged 40 plus



Source: Office for National Statistics Vital Statistics tables provides under license by NHS Digital

Women who lack social support have been found to be at increased risk of antenatal and postnatal depression. Having a poor relationship with a partner is also a risk factor for postnatal depression (NICE, 2020). The number of births which were outside of marriage/civil partnership and sole registered (by one parent only) in Berkshire during 2019 was 375. This data is shown below for each local authority as a percentage of all live births.

Figure 12: Births registered by one parent



Source: Office for National Statistics birth characteristic statistics

As a proportion of live births, Reading and Slough have the highest proportion of births that are registered by sole parents. However, neither value is significantly different to the national nor regional averages.

Children and young people

The National Confidential Inquiry into Suicide and Safety in Mental Health's 2017 report on [suicide by children and young people](#) highlighted themes that should be specifically targeted for prevention;

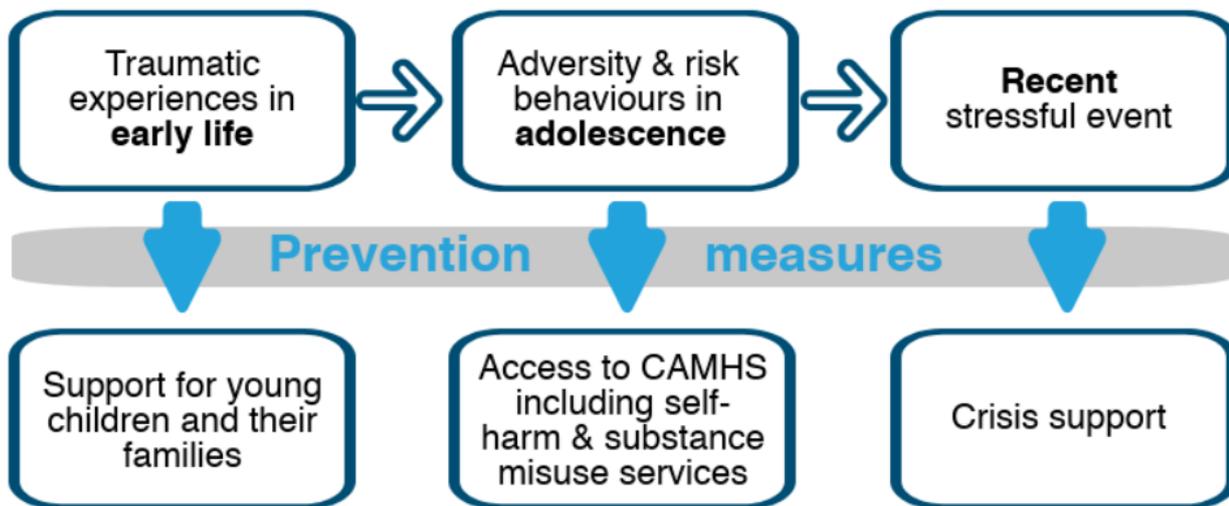
- Support and management of family factors like mental illness or substance misuse
- Childhood abuse
- Bullying
- Physical health
- Mental ill health
- Alcohol or drug misuse

Groups highlighted to be at increased risk of death from suicide included young people who are bereaved, students, looked after children, young people who identify as LGBT. Previous self-harm was a crucial indicator of risk with around half of young people who had died by suicide having previously self-harmed.

The diagram below taken from the report shows the build-up of cumulative risk that can lead to suicide in children and young people. The notion of a triggering recent stressful event is particularly pertinent during 2020/21 as children and young people are impacted by the stress of the Covid-19 pandemic.

Local data around the themes and for the key groups outlined by the NCISH report and summarised above are shown below. Information on bereavement and self-harm is considered separately in this report under the respective section headings.

Figure 13: Cumulative risk leading to potential suicide in children and young people

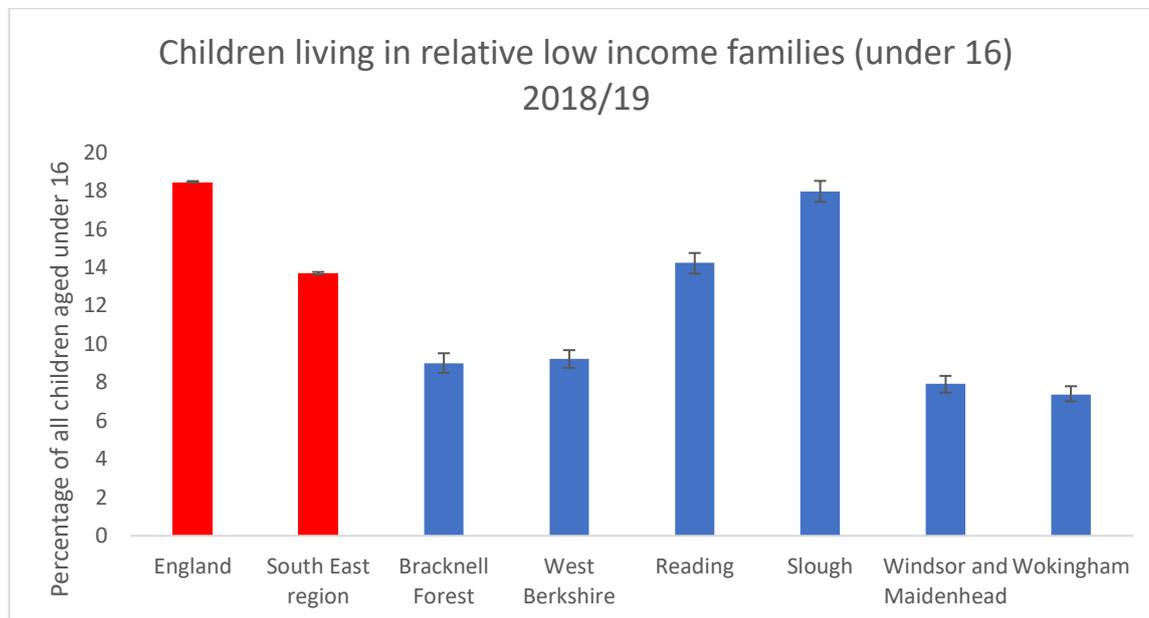


Source: NCISH Suicide in Children and Young People, 2017

Children in low income families

There are over 22,000 children living in Berkshire who are living in relative low-income families². As a percentage of all children, there are significantly more children in Reading and Slough living in relative low-income families when compared to the average for the South East Region.

Figure 14: Children living in low-income families



Source: Department for Work and Pensions

² Number of all dependent children under the age of 20 living in families in receipt of Child Tax Credits (CTC) whose reported income is less than 60 per cent of the median income or in receipt of Income Support (IS) or (Income-Based) Job Seekers Allowance (JSA).

Children in need

Child in Need is a broad definition spanning a wide range of children and adolescents, in need of varying types of support and intervention, for a variety of reasons. A child is defined as ‘in need’ under section 17 of the Children Act 1989, where:

- they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of services by a local authority
- their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or
- they are disabled

The table below looks at the number of children in need on the 31st March 2020 by Berkshire local authority and by primary need at the time of initial assessment. Nearly 7,000 children across Berkshire were identified as been in need. The most common primary need, accounting for over half of cases, was abuse or neglect. This was followed by family dysfunction and family being in acute stress which, combined, accounted for over 1,440 cases.

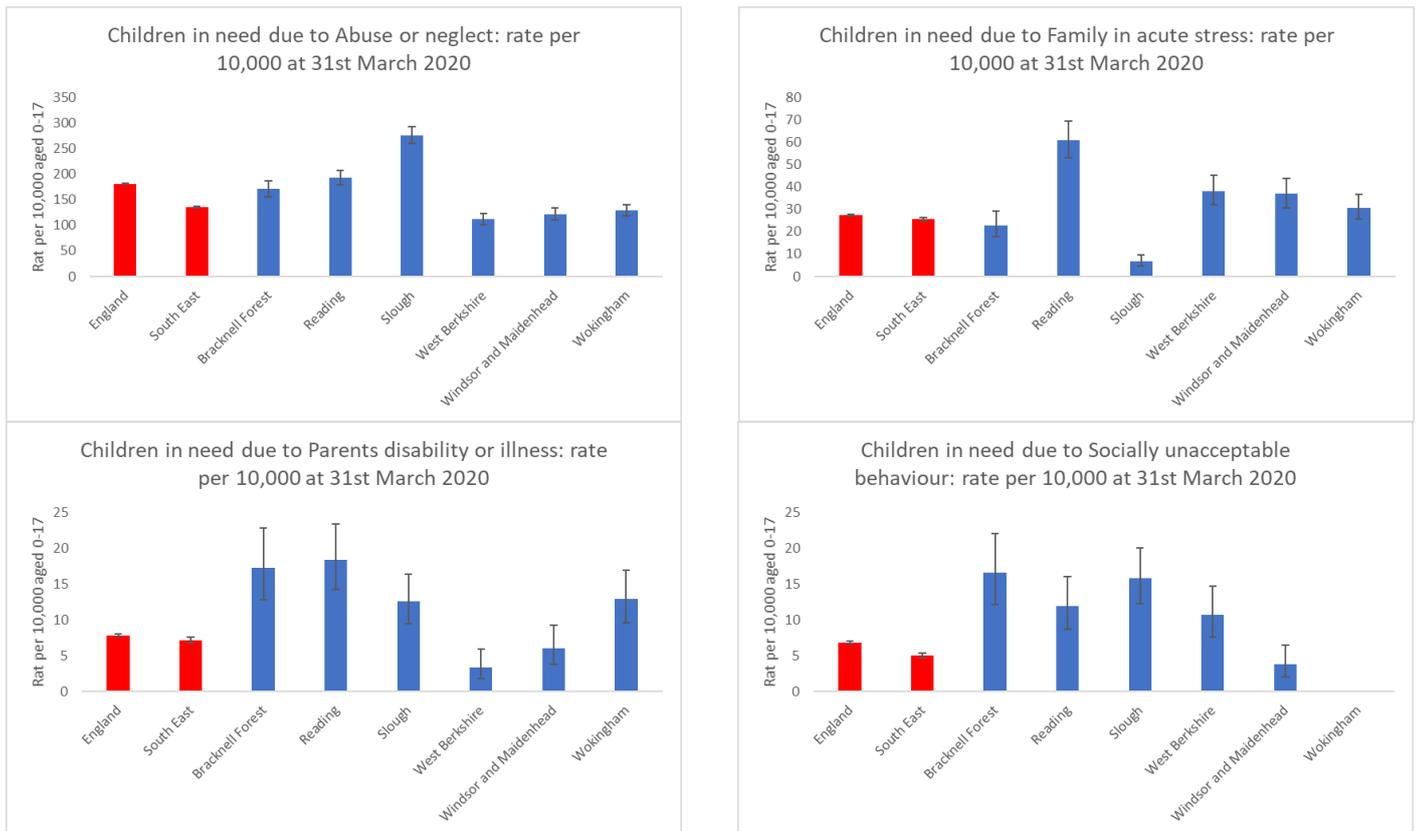
Table 6: Children in need by primary need at initial assessment, Berkshire 2020

Local authority	All cases	Abuse or neglect	Child disability or illness	Parents disability or illness	Family in acute stress	Family dysfunction	Socially unacceptable behaviour	Low income	Absent parenting
Bracknell Forest	879	486	72	49	65	104	47	0	10
Reading	1451	713	111	68	225	131	44	c	c
Slough	1589	1190	129	54	29	65	68	10	29
West Berkshire	930	397	100	12	136	198	38	0	49
Windsor and Maidenhead	883	421	73	21	128	194	13	0	33
Wokingham	1039	519	96	52	124	49	c	0	35
Berkshire total	6771	3726	581	256	707	741	210	10	156

Source: Department for Education

Rates of children in need by primary need per 10,000 total population aged 0-17 were analysed for each Berkshire local authority to assess whether there were any significant differences when compared to national and regional averages. Some Berkshire local authorities were found to have significantly higher rates than regional averages for children in need due to abuse or neglect (Bracknell Forest, Reading, and Slough); children in need due to parents disability or illness (Bracknell Forest, Reading, Slough, and Wokingham); children in need due to family being in acute stress (Reading, West Berkshire, Windsor and Maidenhead, and Wokingham); children in need due to socially unacceptable behaviour (Bracknell Forest, Reading, Slough, and West Berkshire). It should be noted that these differences may be due to a higher identification rate of children in need rather than been a true difference.

Figure 15: Children in need due to primary need (where Berkshire local authority rates are higher than average)

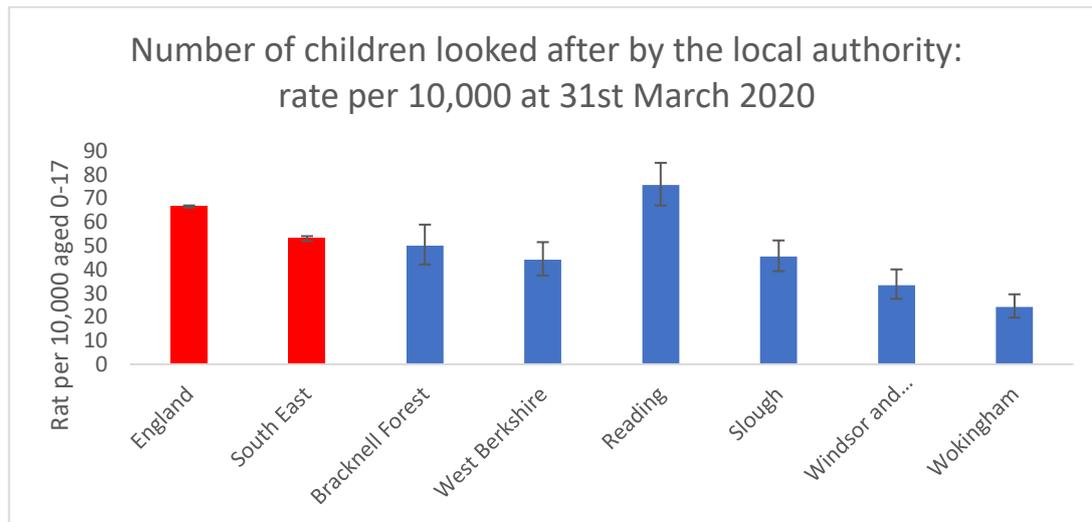


Source: Department for Education

Looked after children

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. At the 31st March 2020, there were 989 children and young people being looked after by a Berkshire local authority. Number vary between local authority ranging from 98 children in looked after by Wokingham local authority to 280 children looked after by Reading local authority. As a rate per 10,000 children aged 0-17, there are significantly more children looked after by Reading local authority than the national and regional average.

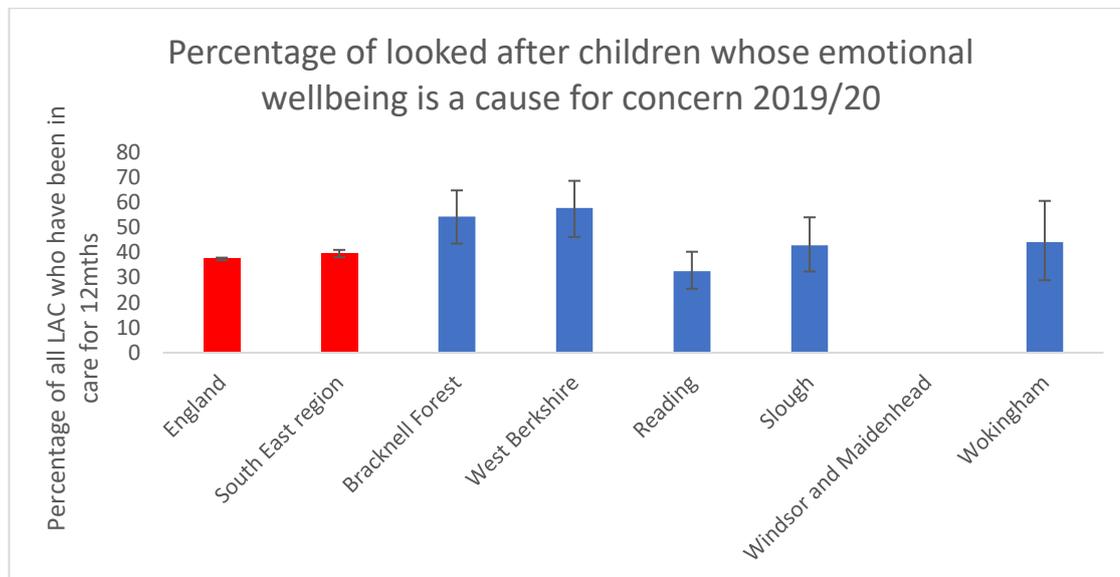
Figure 16: Children looked after by the local authority



Source: Department for Education

The data below looks at the percentage of looked after children whose emotional wellbeing is a cause for concern³. Over 180 looked after children across Berkshire were indicated to have emotional wellbeing that was a cause for concern on the 31st March 2020. This equates to over 40% of all looked after children who have been in care continuously for at least 12 months. Figures for Windsor and Maidenhead have been suppressed to protect the identity of individuals through the disclosure of small numbers. Compared to national and regional averages, a greater proportion of children looked after by Bracknell Forest and West Berkshire local authorities have emotional wellbeing which is a cause for concern.

Figure 17: Looked after children whose emotional wellbeing is a cause for concern 31st March 2020



Source: Department for Education

³ Proportion of all looked after children aged between 5 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31 March whose SDQ score was 17 or over

Children with special educational needs and disability

Data on the number of children and young people with a statement of special educational needs (SEN) or education, health and care (EHC) plan for 2020/21 is presented below. Figures are for state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units. They do not include independent schools. The local authority refers to the local authority of the school and not residence and will be skewed in the case of local authorities with special education needs units which will draw more pupils from outside of the local authority.

The number of children receiving SEN support and the number of children with a statement of SEN or and EHC plan are shown against each primary need for each Berkshire local authority. The percentage of children with each primary need has been calculated as a proportion of the total school population. These have been compared to the average for the South East region. Numbers shaded in blue in the table indicate where the rate for the local authority is lower than the average, numbers shaded in orange indicate where the rate for the local authority is higher than the average. Overall rates for SEN support are higher than average for Reading local authority schools. Overall rates for statements/EHC plans are higher than average for West Berkshire schools. In terms of primary need across Berkshire, the most consistent pattern to emerge is for children with a primary need of Autistic Spectrum Disorder with the majority of local authorities having higher rates of children with SEN support and or/statements/EHC plans with this as their primary needs than the regional average.

Table 7: Children with SEN support by level of support and primary need 2020/21 (counts)

Primary need	Bracknell Forest		Reading		Slough		West Berkshire		Windsor and Maidenhead		Wokingham	
	SEN Support	Statement or EHC	SEN Support	Statement or EHC	SEN Support	Statement or EHC	SEN Support	Statement or EHC	SEN Support	Statement or EHC	SEN Support	Statement or EHC
Autistic Spectrum Disorder	304	169	300	294	150	464	509	390	240	380	279	245
Hearing Impairment	37	7	55	5	60	33	91	217	52	14	80	21
Moderate Learning Difficulty	292	66	295	51	431	78	218	130	426	66	228	65
Multi- Sensory Impairment	9	1	11	2	9	n/a	2	26	9	3	12	2
Other Difficulty/Disability	103	12	146	15	141	57	147	15	166	67	106	24
Physical Disability	35	20	56	29	58	52	45	45	56	55	53	42
Profound & Multiple Learning Difficulty	1	5	n/a	22	2	42	n/a	37	2	18	1	22
SEN support but no specialist assessment of type of need	115	n/a	240	n/a	224	n/a	21	n/a	170	n/a	182	n/a
Severe Learning Difficulty	1	176	9	96	10	76	38	45	6	40	7	188
Social, Emotional and Mental Health	438	79	690	155	565	143	492	81	552	100	485	151
Specific Learning Difficulty	427	32	401	16	350	39	886	62	534	40	353	26
Speech, Language and Communications needs	282	67	862	124	1244	207	471	70	470	126	555	125
Visual Impairment	8	5	20	14	42	15	23	8	22	10	28	7
Total	2052	639	3085	823	3286	1206	2943	1126	2705	919	2369	918

Source: Department for Education

Rate is higher than average for South East Region

Rate is lower than average for South East Region

LGBT

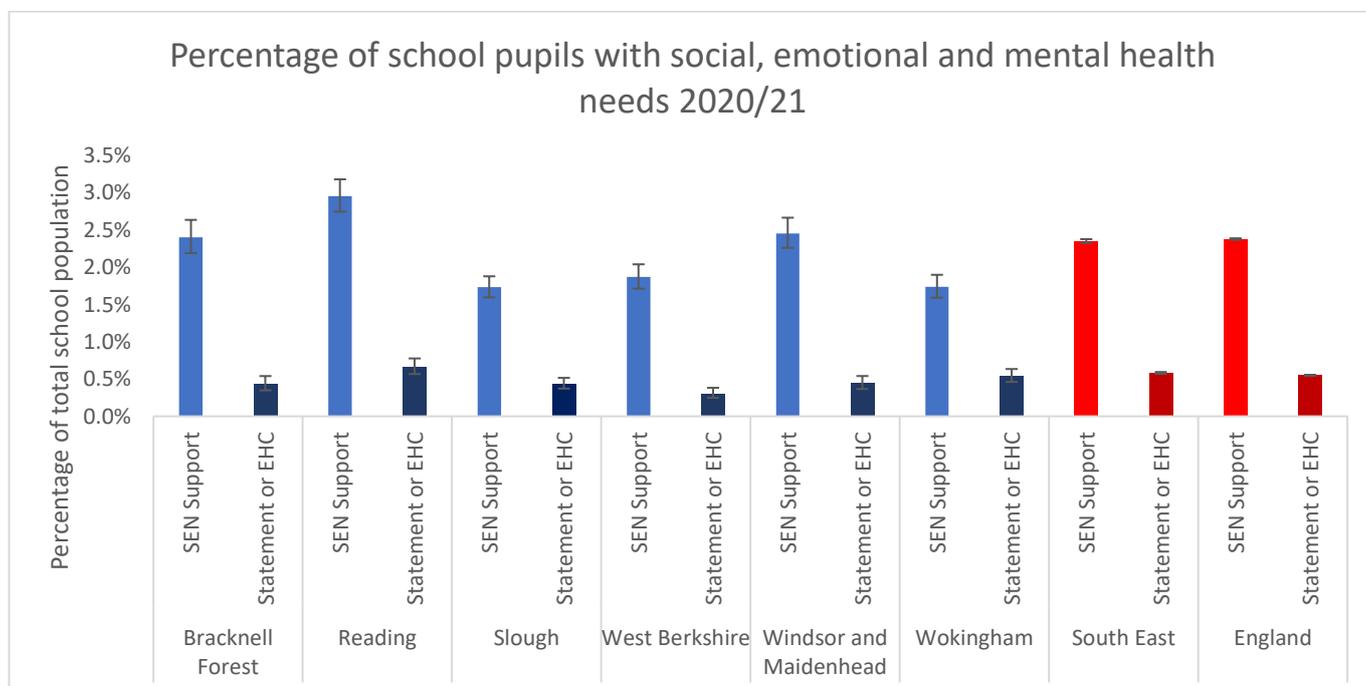
Data on the LGBT community at a local level is very limited and there is a reliance on national survey data to understand the needs of this group. Experimental statistics were published in May 2021 by the ONS looking at sexual orientation in the UK in 2019 using data from the Annual Population Survey. Younger people (aged 16 to 24) were most likely to identify as lesbian, gay or bisexual (6.6% of all 16 to 24-year olds). Facts and figures presented by [Stonewall](#) include the following findings which are particular relevant to the topic of suicide in young LGBT people:

- Half of LGBT people said that they've experience depression in the last years
- 2/3 bi women and just over half of bi men having experienced anxiety
- Nearly half of LGBT pupils are bullied for being LGBT in Britain's schools
- More than 4/5 trans young people have self-harmed
- 3/5 lesbian, bi, and gay young people who are not trans have self-harmed
- More than 2/5 trans young people have attempted to take their own life
- 1/5 gay, lesbian and bi young people who are not trans have attempted to take their own life.

Mental health prevalence estimates

We can see from the table above, the numbers of children in school receiving SEN support whose primary need is social, emotional, and mental health. The chart below shows the percentage of all school pupils who have SEN support for social, emotional, and mental health needs. Reading has significantly more children than the national and regional averages receiving SEN support based on this primary need.

Figure 18: Children with SEN support with a primary need of social, emotional, and mental health



Source: Department for Education

In October 2020, NHS Digital published an update to the [Mental Health of Children and Young People Survey](#) that was first conducted in 2017. The date range of the survey was 3rd July to 2nd August 2020 so explores the mental health of children during the Covid-19 pandemic and any changes since the 2017 survey was conducted. Rates of probable mental disorders were found to have increased since 2017 with 16% of children aged 5 to 16 years identified as having a probable mental disorder, increasing from 10.8% in 2017. This increase was seen equally between girls and boys. 15.2% of girls and 16.7% of boys were found to have a probable mental health disorder. By the age of 17 to 22 years, 27.2% of young women and 13.3% of young men were identified as having a probable mental disorder. Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse than those unlikely to have a mental disorder. In the 2020 survey, the proportion of children with a probable mental disorder increased to 30.2% for children whose parent showed psychological distress, compared with 9.3% of children whose parent showed no sign of distress.

Applying the percentage of children aged 5 to 22 years identified in the national survey as having a probable mental disorder broken down by age and sex to the Berkshire population of the same age range would lead to an estimated count of 36,049 children and young people in Berkshire with a mental disorder; 24,395 children aged 5 to 15 and 11,654 of young people aged 17 to 22. This is a crude way of estimating prevalence and does not consider any other factors that influence to prevalence of mental disorder in children and young people.

Table 8: Estimate prevalence of mental disorder amongst children and young people in Berkshire 2020

Gender	Age group	Probable mental disorder (2020 NHSD survey)	Berkshire						BERKSHIRE - Local count
			Bracknell Forest - Local count	Reading - Local count	Slough - Local count	West Berkshire - Local count	Windsor and Maidenhead - Local count	Wokingham - Local count	
Boys	5-10	18%	917	1214	1441	1117	1074	1383	7146
Boys	11-16	15%	790	901	1064	978	1038	1129	5900
Boys	17-22	13%	531	908	643	655	628	692	4057
Boys	TOTAL	17%	2238	3023	3148	2750	2741	3204	17103
Girls	5-10	11%	512	690	825	647	611	786	4071
Girls	11-16	20%	995	1101	1352	1260	1178	1391	7278
Girls	17-22	27%	944	1940	1174	1147	1048	1345	7597
Girls	TOTAL	15%	2451	3731	3351	3054	2837	3522	18946
GRAND TOTAL		16%	4688	6754	6499	5804	5577	6726	36049

Source: NHS Digital calculated using ONS mid-2020 population estimates

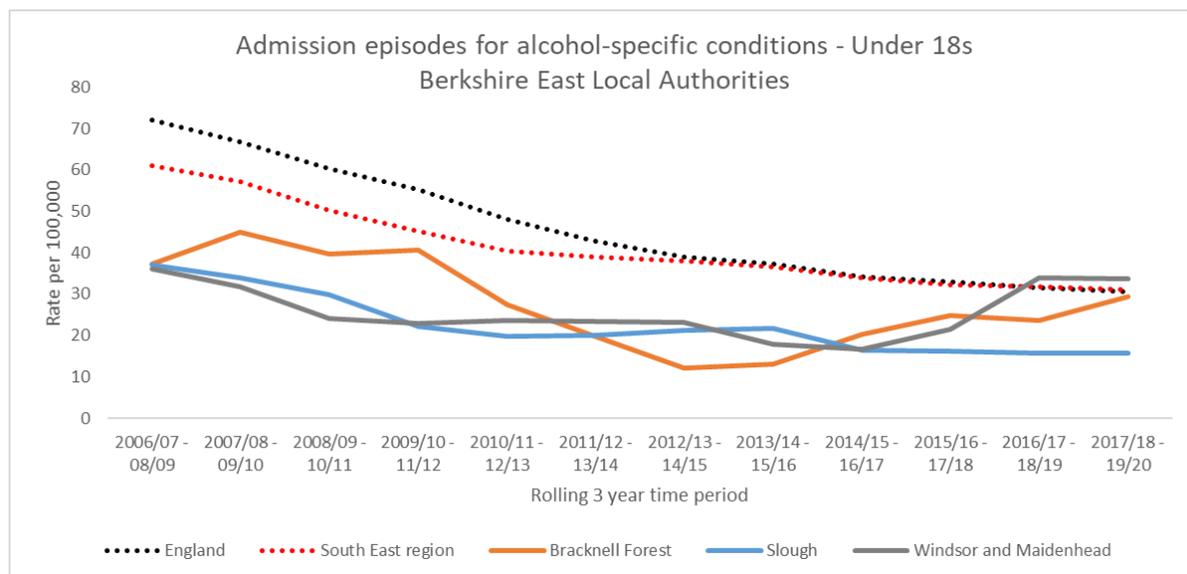
Alcohol and substance misuse

NHS Digital conduct a survey into smoking, drinking and drug use among young people in England every 2 years. The 2020 survey collections have been delayed due to the Covid-19 pandemic. The latest results available cover the calendar year of 2018. 10% of young people said that they had drunk alcohol in the past week and 22% of 15-year olds reported having been drunk in the previous 4 week. 24% of pupils reported ever having taken drugs and 9% of pupils said that they had taken drugs in the past month.

Statistics on young people in drug and alcohol treatment are available at a local authority level. Although these give an overall indication of the level of service use in the local area, it does not necessarily present a reflection of the differences between areas in terms of overall drug and alcohol misuse. It may be that differences between areas are reflecting the take up of treatment. During 2019/20, 235 young people under the age of 18 living in Berkshire were accessing drug and alcohol treatment. Generally, the numbers accessing treatment have declined over the years. There is some variation between local authorities with those accessing treatment in West Berkshire increasing steadily and accounting for 48% of those in treatment.

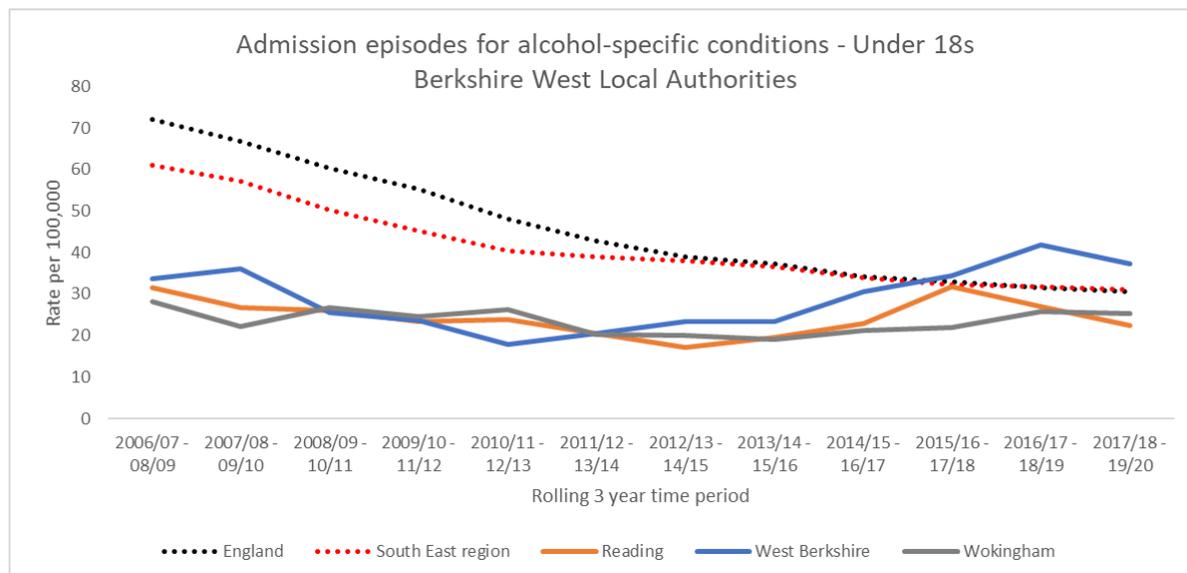
In the three-year period between 2017/18 and 2019/20, there were 175 admissions to hospital amongst under 18s from Berkshire for alcohol-specific conditions. The rates per 100,000 since 2006/07 can be seen in the charts below. There has been a decline in admissions nationally and regionally that has not been mirrored to the same extent within the Berkshire local authorities. Rates in Berkshire have seen an increase since 2012/13. There are currently no significant differences between most Berkshire local authorities and the national average in terms of rates of admission. Areas which had previously seen lower than average rates of admission have become in line with the national rates. The exception to this is Slough, where rates of admission have been, and remain, below the national average.

Figure 19: Admission for alcohol-specific conditions, Under 18s Berkshire East local authorities



Source: Public Health England

Figure 20: Admission for alcohol-specific conditions, Under 18s Berkshire East local authorities



Source: Public Health England

Berkshire analysis of deaths under 25 years

For details on age-specific suicide rates in Berkshire see above under Age and gender.

In 2020, the Berkshire Suicide Prevention Group conducted an analysis of deaths from suicide amongst young people aged less than 25 for deaths occurring between March 2015 and 2020. Information was drawn from the Child Death Overview Panel (CDOP), Berkshire Healthcare Foundation Trust, Thames Valley Police, and the Coroner's Office. A total sample of 35 young people were included in analysis. Analysis around ethnicity; and wider experience of adversity, trauma, and socio-economic risk factors were based on the CDOP sample of 7. Key findings of the audit are highlighted below with an acknowledgement that caution needs to be given when deriving patterns from a relatively small sample size.

- Females over-represented by comparison with national data with an almost equal gender split in deaths amongst the older, 20 to 25-year-old age group
- Age profile does not align with national picture of a steady rise from the late teens/early twenties, but indicates local peaks in the 15-19 and mid 20s age ranges
- Data on faith, gender identity and sexuality were found difficult to source and is identified as a gap required to inform targeted prevention
- Adverse childhood experiences - including domestic abuse, parental separation, involvement with criminal justice and poverty were noted in most cases for which this data was available
- Neurodiversity was an additional apparent risk factor in most cases for which this information was available leading to a recommendation for further future analysis of the impact of waiting for an autism assessment

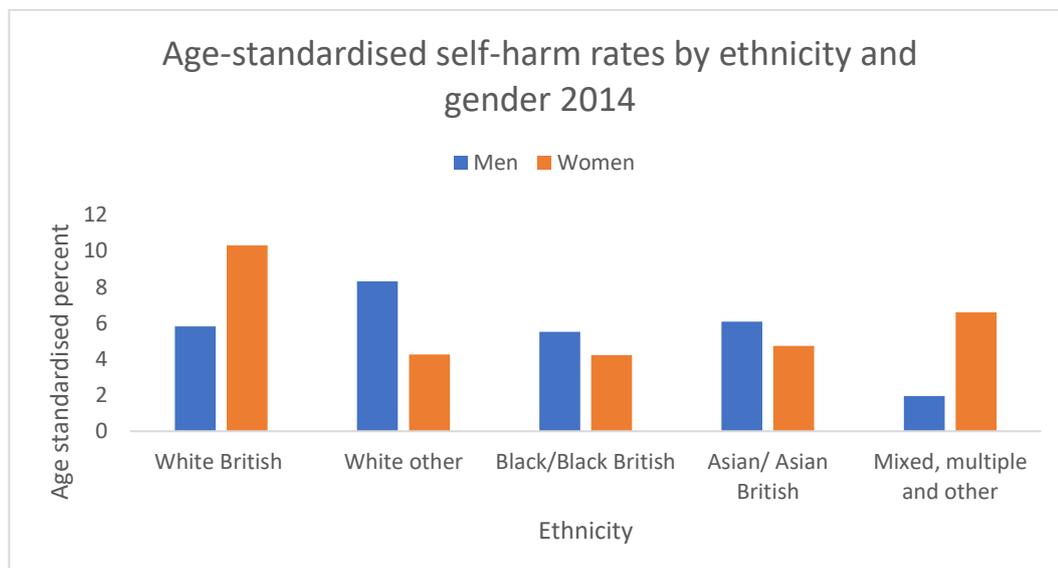
Self-harm

Self-harm can take many forms and may present with or without suicidal intent. However, self-harm is one of the strongest risk factors for completed suicide with the risk far higher for men than women (Hawton et al, BJPsych, 2018). Self-harm is more common in females, whereas completed suicide is more common in males (Hawton et al, The Lancet, 2012; 379:2373). Self-harm as a precursor to suicide has been mentioned throughout this report.

The Berkshire Suicide Audit found that 21% of people who died by suicide had a history of self-harm and previous self-harm is flagged in local RTSS data as a feature in the relevant medical history of those who have died.

In The Adult Psychiatry Morbidity Survey (2014) report on [Suicidal thoughts, suicide attempts, and self-harm](#), it was stated that 6.4% of 16 to 74 year olds have self-harmed. This increased from previous survey time periods (2.4% in 2000, and 3.8% in 2007). One in four 16-24-year-old women reported having self-harmed at some point compared to 9.7% of 16-24-year-old men. Most women did not seek professional help after self-harming. Those who were unemployed were more likely to report having self-harmed (12.6%) than those who were employed (7.6%). This difference was seen more strongly in males than females. The chart below looks at the variation in rate of self-harm as reported in the Adult Psychiatric Morbidity Survey by gender and ethnicity. Self-harm is reported most often for females of White British Ethnicity followed by males of 'White other' ethnicity.

Figure 21: Self-harm by gender and ethnicity



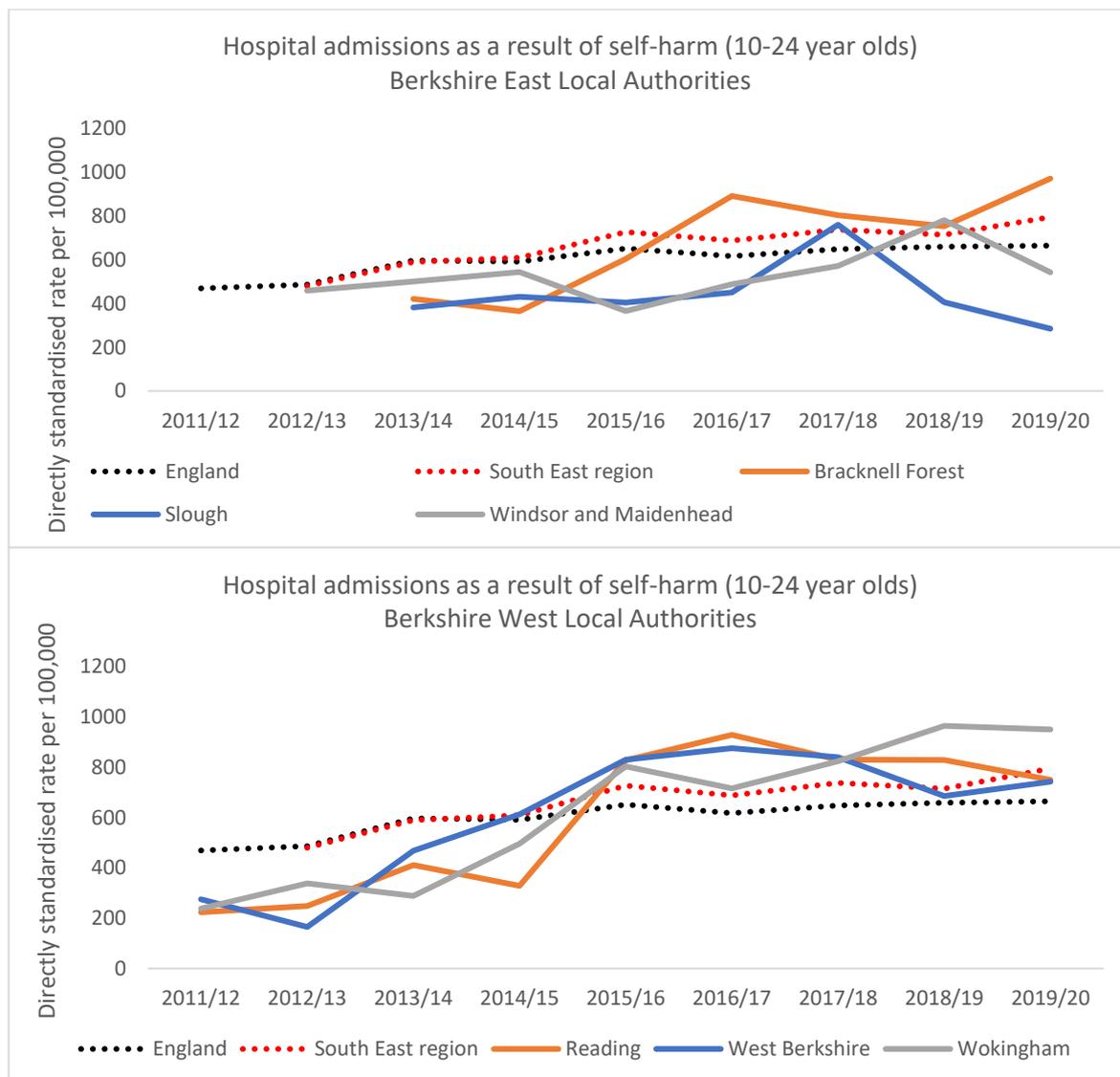
Source: NHS Digital Adult Psychiatric Morbidity Survey, 2014

Hospital admissions for self-harm

The data below looks at the number of young people aged 10 to 24 who were admitted to hospital as a result of self-harm (primary reason for admission). This counts number of admissions and not persons, a person may be admitted on multiple occasions during each time period. Indicators based on hospital admission may be influenced by local variation in referral and admission practices as well as variation in incidence. Data does not include attendances at Accident and Emergency which do not result in an admission. During 2019/20, there were 705 admissions of children and young people from Berkshire to hospital as a result of self-

harm. Rates for each local authority since 2011/12 can be seen in the charts below. Rates of admission were significantly lower than the regional average for children and young people living in Slough, and Windsor and Maidenhead. Rates were higher than the national average but comparable to the regional average in Bracknell Forest and Wokingham. Rates in Slough, and Windsor and Maidenhead were increasing before dropping in 2019/20. In Bracknell Forest, rates jumped from 2014/15 to 2015/16 and have risen again between 2018/19 and 2019/20. Rates in Reading and West Berkshire show a similar pattern to each other, increasing up to a peak in 2016/17, prior to falling back in line with national and regional averages. Rates in Wokingham, however, have continued to remain above the national average.

Figure 22: Hospital admissions for self-harm (10-24-year olds)

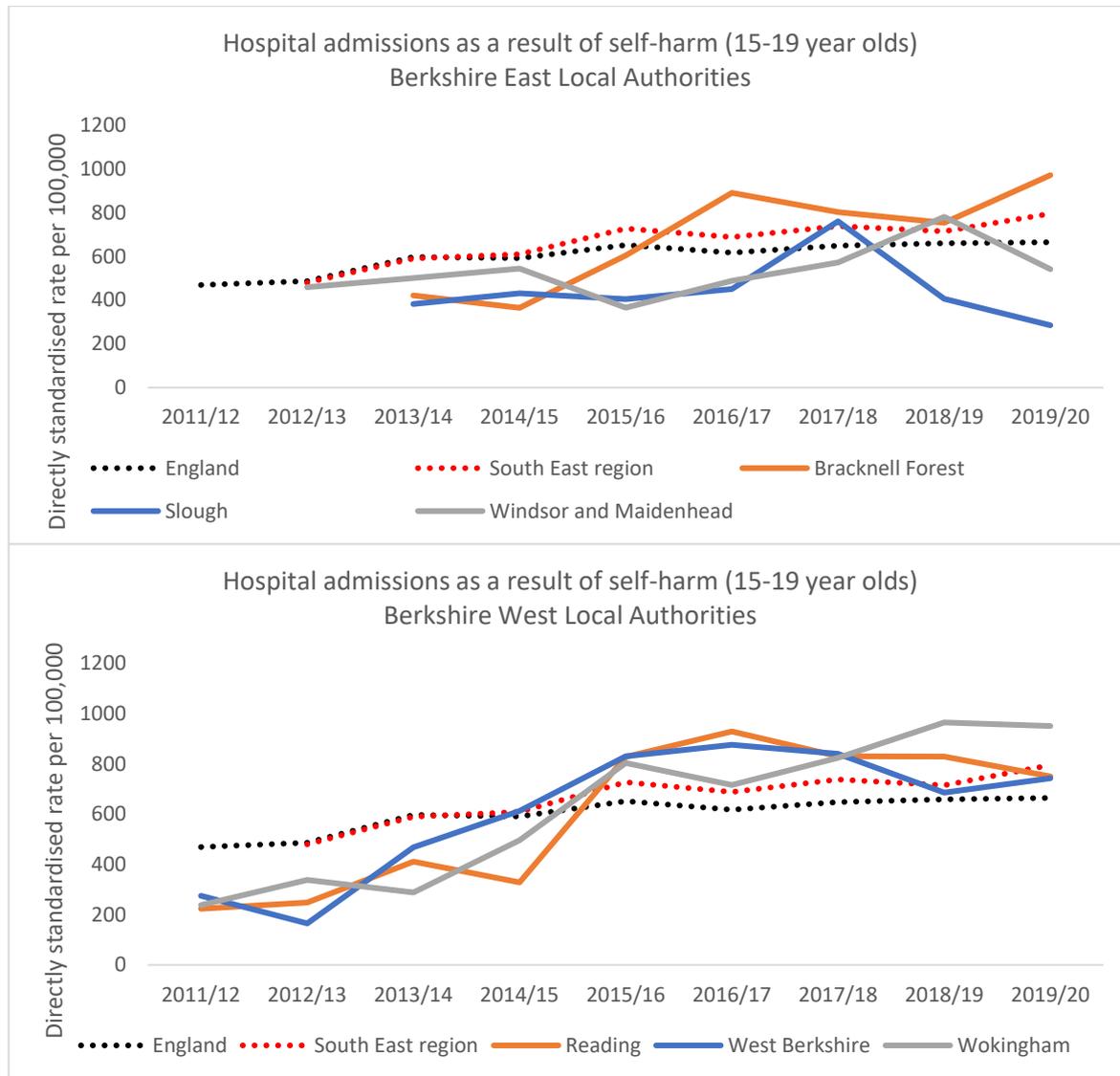


Source: Public Health England

Data since 2011/12 is broken down by five-year age band. Admissions are highest in the 15-19-year-old age band. During 2019/20 380 admissions were amongst this age group (54% of all admissions). Rates show a similar pattern in terms of rates by local authorities as they do when looking at the wider 10 to 24-year-old age group. Rates were higher than the national average but comparable to the regional average in Bracknell Forest and Wokingham during

2019/20 and lower than the regional average in Slough and Windsor and Maidenhead. Rates in Slough were also lower than the national average.

Figure 23: Hospital admissions for self-harm (15-19-year olds)



Source: Public Health England

2019/20 data is further broken down by gender as well as by five-year age bands. Females accounted for approximately 2/3rds of admissions amongst Berkshire residents during 2019/20. Females aged 15-19 years had the highest proportion of admission (Approx. 45%) which is comparable to the national average. This is followed by females aged 20-24 years (Approx. 20%).

When looking at rates of admissions broken down by age and gender, there are some significant differences between the Berkshire local authorities and national and regional averages. Females aged 15-19 years from Slough had lower rates of admission than the national and regional averages. Females aged 10-14 from West Berkshire and Slough had lower rates of admission the national average and comparable rates to the regional average.

Females aged 20-24 years from Reading had admission rates comparable to the national average but lower than the regional average.

Females aged 15-19 years from Wokingham had higher rates of admission than the national and regional averages. Females aged 15-19 from Bracknell Forest and males aged 15-19 from West Berkshire had admission rates higher than the national average but rates were comparable to the regional average.

Economic factors

Economic factors, particularly unemployment have been shown as strong risk factors of suicide (e.g. Lewis G and Sloggett A, BMJ 1998; 317:1283). Suicide rates increased from a record low in 2006 post the economic recession suggesting the national recession could have been an influencing factor in the increase in suicides. Studies have found that local areas with greater rises in unemployment had also experienced higher rises in male suicides (Barr et al BMJ 2012; 345:5142).

The National Confidential Inquiry into Suicide and Safety in Mental Health's 2021 report on [suicide by middle-age men](#) found an number of findings associating suicide with economic precursors. Overall, 57% of men were experiencing economic problems including unemployment, financial problems, or problems finding stable accommodation. Almost of third of men included in the study were unemployed at the time of death, with almost half of these unemployed for over 12 months. Twice the proportion of men were living in the most deprived areas of England (27%) compared to those living in the least deprived areas (14%). Alcohol and drug misuse were particularly common amongst men who were unemployed, as it was amongst those who were bereaved, or had a history of violence or self-harm.

Locally, data from the 2014/15 to 2017/18 Berkshire Suicide Audit showed that between 2007 and 2018, the percentage of suicides that were amongst people who were unemployed ranged from 11% to 38%. If we consider this against the fact that 4% of the overall population in Berkshire are unemployed, then people who are unemployed are over-represented in the number of suicides in Berkshire.

The Berkshire Economy

The unemployment rate across the South East Region during 2020 was 4% of the population aged 16 to 64. The rate for Berkshire is similar but there is some variation between Local Authorities with Slough and Reading having slightly higher rates of unemployment than average (5% and 6% respectively).

The percentage of households that are workless households (households with at least 2 members aged between 16 to 64 where no people aged between 16 to 64 are in employment) in the South East Region is 10%. Figures across the Berkshire Local Authorities are lower than this average except for Slough which is slightly above the average and the highest of the Berkshire Local authorities on this measure.

Table 9: Workless households Berkshire 2019

Area	Percentage of households that are workless
Bracknell Forest	7.2
Reading	9.6
Slough	10.7
West Berkshire	5.6
Windsor and Maidenhead	8.3
Wokingham	7.7
South East	10.2

Source: Annual Population Survey ONS Crown Copyright Reserved [from Nomis on 2 July 2021]

The proportion of the population aged 16 to 64 across Berkshire who were claiming benefits during May 2021 was just under 5%. This is the same as the figure for the South East Region as a whole. There is some variation between Berkshire Local Authorities with the claimant counts being higher in Slough (8.4%) and Reading (6.4%)

Table 10: Benefit claimants May 2021

	Bracknell Forest	Reading	Slough	West Berkshire	Windsor and Maidenhead	Wokingham	South East
Benefit claimant count	3,145	6,845	7,965	3,545	3,775	3,135	274,810
Percentage of 16-64-year-old population	4	6.4	8.4	3.7	4.1	3	4.9

Source: ONS Crown Copyright Reserved [from Nomis on 2 July 2021]

The Social Occupation Classification of the population is derived as part of the [Annual Population Survey](#). These data have been analysed for the six Local Authorities in Berkshire for the 9 broad groups of:

- 1) Managers, directors and senior official
- 2) Professional occupations
- 3) Associate professional and technical occupations
- 4) Administrative and secretarial occupations
- 5) Skilled trades occupations
- 6) Caring, leisure and other service occupations
- 7) Sales and customer service occupations
- 8) Process, plant and machine operatives
- 9) Elementary occupations

Instances of where the percentage of employees within each of these 9 groups are calculated as being significantly higher or lower than the average for the South East Region are shown for each Local Authority in Table 11..

Table 11: Occupational groups in Berkshire 2020 - groups higher or lower than South East Region

Area	Occupational group	Number	%	Higher/lower than Region
Bracknell Forest	9: elementary occupations	3200	5	Lower
Reading	1: managers, directors and senior officials	8300	8.9	Lower
	6: caring, leisure and other service occupations	4800	5.1	Lower
	2: professional occupations	28500	30.6	Higher
Slough	1: managers, directors and senior officials	6100	8.8	Lower
	2: professional occupations	13300	19.2	Lower
	4: administrative and secretarial occupations	4800	6.9	Lower
	8: process, plant and machine operatives	7500	10.9	Higher
	9: elementary occupations	8900	12.8	Higher
West Berkshire	8: process, plant and machine operatives	2200	2.5	Lower
Windsor and Maidenhead	5: skilled trades occupations	4800	6.3	Lower
	6: caring, leisure and other service occupations	3000	3.9	Lower
	7: sales and customer service occupations	3400	4.5	Lower
	8: process, plant and machine operatives	1200	1.6	Lower
	9: elementary occupations	3900	5.1	Lower
	1: managers, directors and senior officials	14300	18.8	Higher
	2: professional occupations	22500	29.4	Higher
	3: associate prof & tech occupations	15800	20.7	Higher
Wokingham	5: skilled trades occupations	4300	5.4	Lower
	9: elementary occupations	3300	4.2	Lower
	2: professional occupations	25100	31.4	Higher

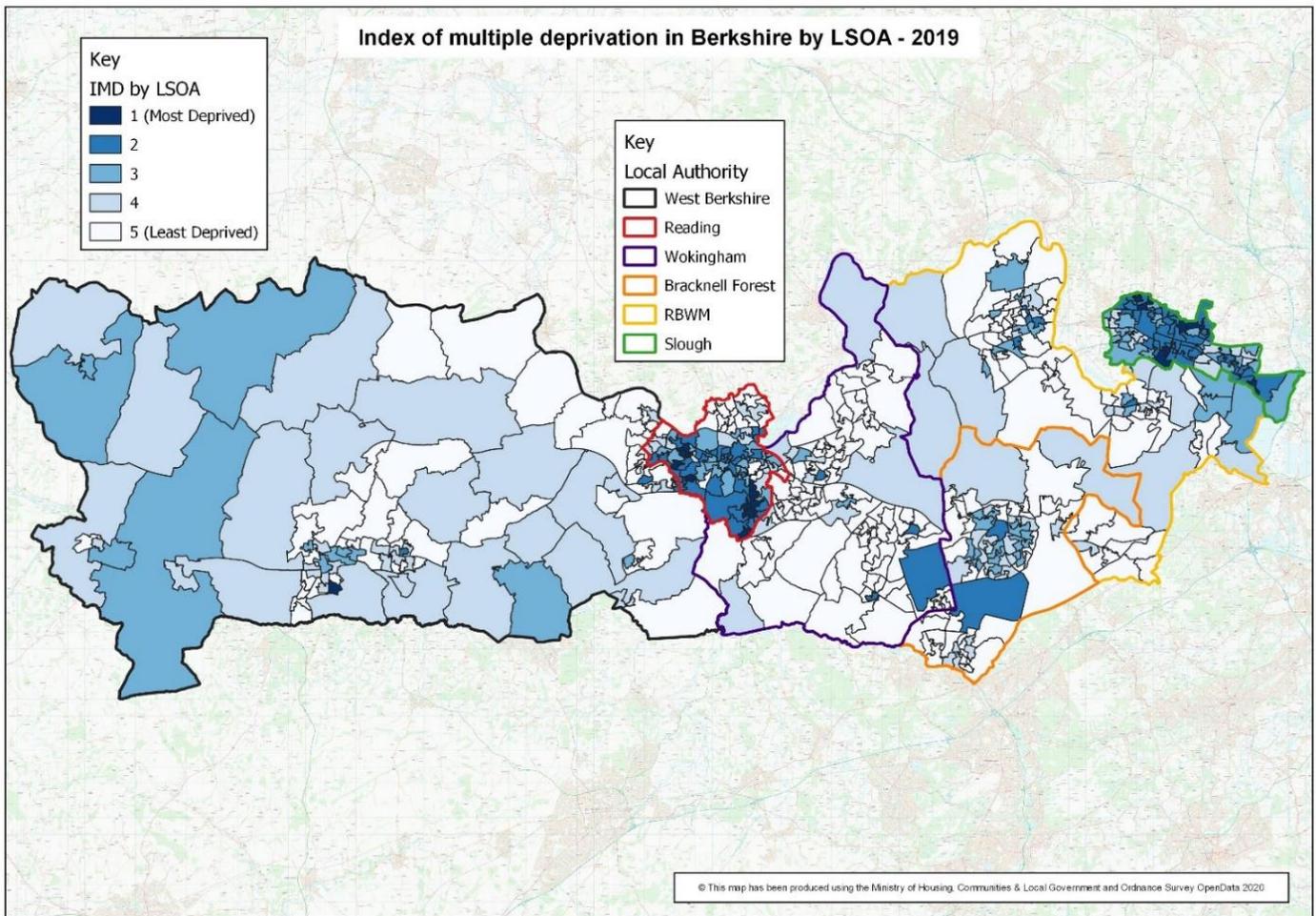
Source: Annual Population Survey ONS Crown Copyright Reserved [from Nomis on 2 July 2021]

Deprivation with Berkshire

Overall measures of deprivation at a local authority level, rank the Berkshire local authorities out of 151 Upper Tier Local Authority at 151 (Wokingham); 150 (Windsor and Maidenhead); 146 (West Berkshire); 144 (Bracknell Forest); 90 (Reading); 53 (Slough). This is where a rank of 1 would be the most deprived Upper Tier local authority. Already, the variation in relative deprivation across Berkshire can be seen. However, this measure does not tell us about the pockets of relative deprivation that will exist even in the least deprived local authority areas.

The map below shows the relative deprivation across Berkshire at the level of Lower Super Output Area (LSOA). This is the smallest geography that is used in The Index of Multiple Deprivation, England's official measure of deprivation. It should be noted, that, even at this level, areas of increased deprivation will be masked.

Figure 24: Index of Multiple Deprivation 2019 - Berkshire

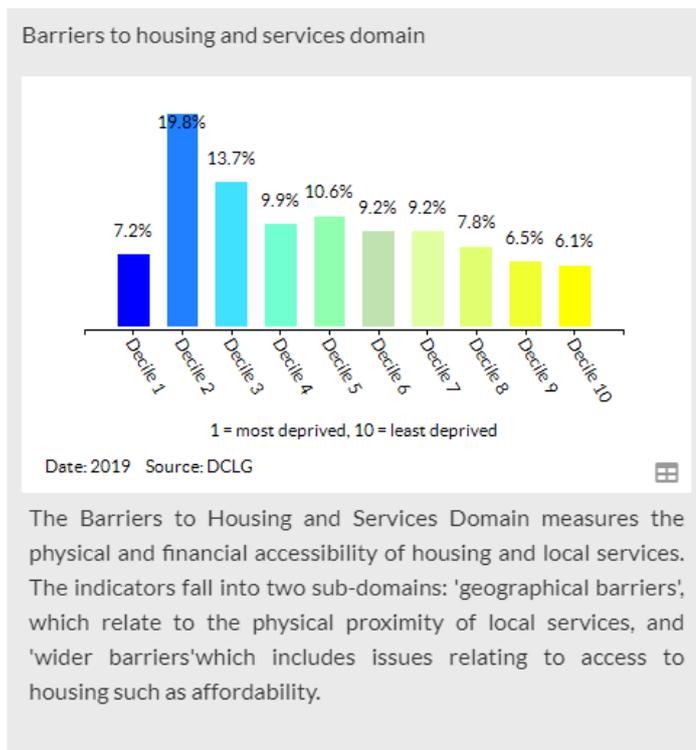


Source: Ministry of Housing, Communities, and Local Government

Also not shown when looking at this overall measure, are the inequalities that exist with the different 'domains' which make up the Index of Multiple Deprivation. For example, the below chart shows barriers to housing and services relative deprivation for people living in the West of Berkshire (Reading, Wokingham, and West Berkshire). Over 30% of the population are living in neighbourhoods that are within the 3 most deprived national deciles on this measure.

The levels of deprivation across Berkshire and across multiple domains of measurement can be explored on the [Berkshire Observatory](#).

Figure 25: Index of Multiple Deprivation 2019 - Barriers to Housing and Services - Berkshire West Local Authorities



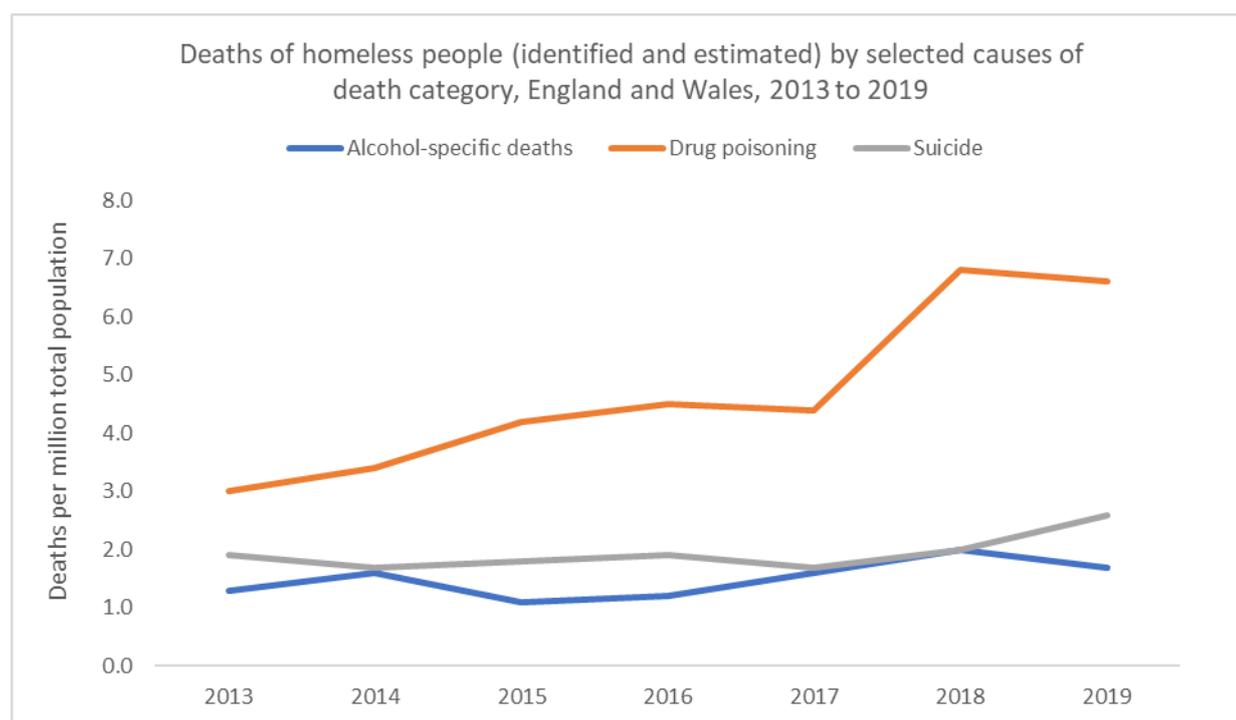
Source: Ministry of Housing, Communities, and Local Government [from The Berkshire Observatory on 5 July 2021]

Please see under Deprivation for an analysis of suicides within Berkshire by deprivation quintile.

Homelessness

In 2020, the Office for National Statistics produced their update to the series [experimental statistics into the number of deaths of homeless people in England and Wales](#). There were 778 deaths of homeless people in England and Wales in 2019. There was an increase of 7.2% in the number of deaths of homeless people compared to 2018 and is the highest number of deaths recorded since the timeseries began in 2013. 88.3% of homeless people who died in 2019 were male. Suicides amongst homeless people increased by 30.2% in one year from 86 deaths in 2018 to 112 deaths in 2019 (14.4% of all deaths). In comparison, 3% of all deaths amongst people age 15 to 74 were due to suicide. Therefore, homeless people are much more likely to die from suicide than the rest of the population.

Figure 26: Deaths of homeless people by selected underlying cause



Source: ONS, Deaths of Homeless people in England and Wales, 2018

The table below shows the number of households receiving an assessment by local authorities under the Homelessness Reduction Act (2018). There were 3,190 household assessed in Berkshire during 2019/20 with 2,769 owed a duty under the Act. Figures can be seen to vary across local authorities ranging from 82 in Wokingham to 973 in Reading.

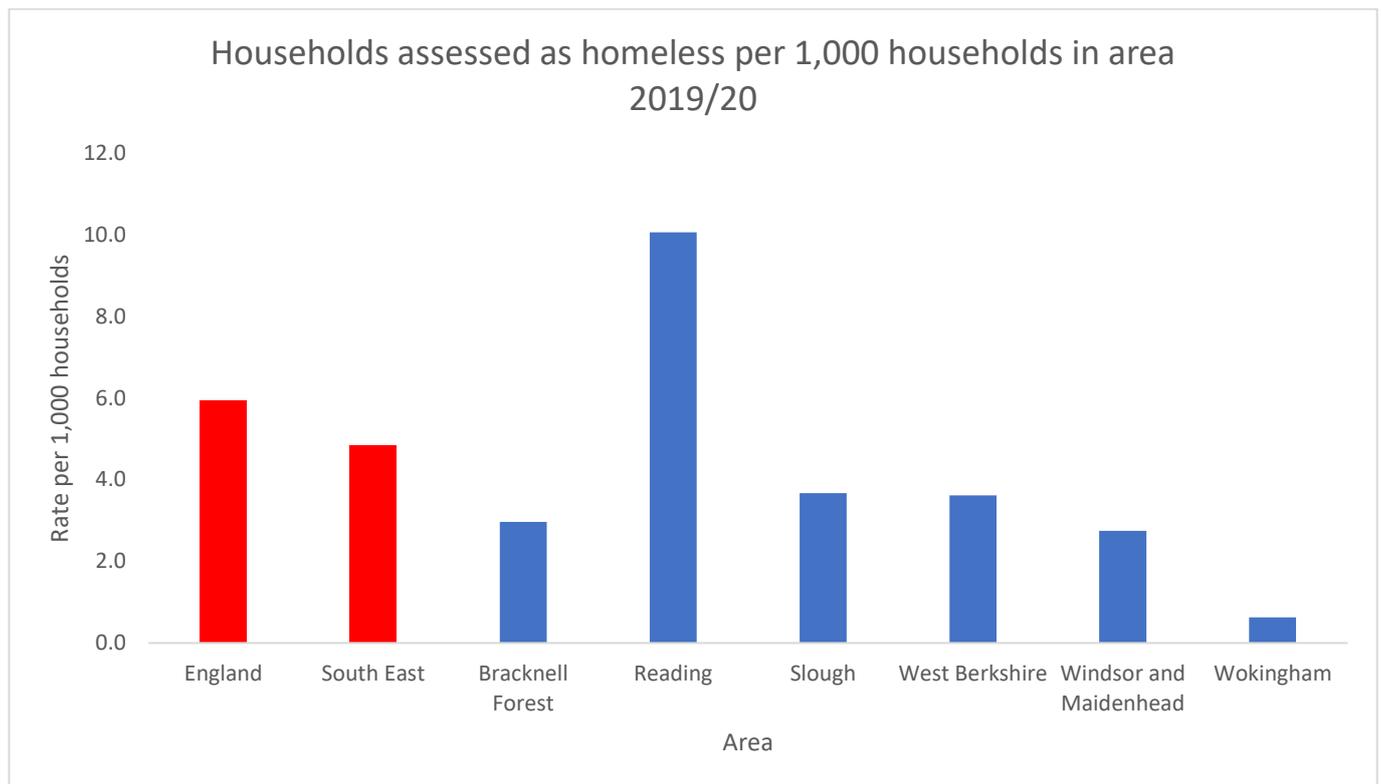
Table 12: Number of households assessed for homelessness 2019/20

Area	Total initial assessments	Total owed a prevention of relief duty
Bracknell Forest	603	573
Reading	1355	973
Slough	447	436
West Berkshire	380	375
Windsor and Maidenhead	322	321
Wokingham	83	82
Berkshire	3190	2760

Source: Ministry of Housing, Communities, and Local Government

Reading has a higher rate of households been assessed as homeless per 1,000 than the national and regional averages and has the highest rate of the six Berkshire local authorities.

Figure 27: Homeless households 2019/20



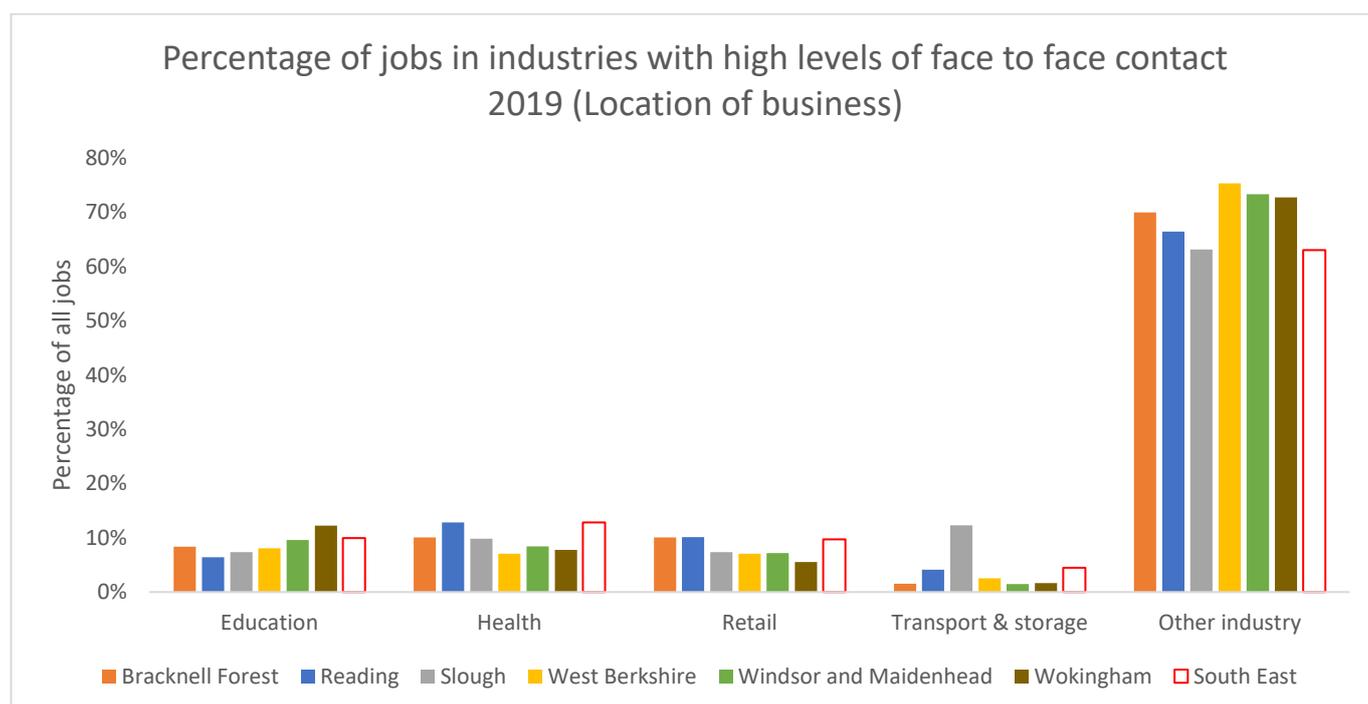
Source: Ministry of Housing, Communities, and Local Government

Impact of Covid-19

[The 2020 Director of Public Health Annual Report for Berkshire](#) considered Covid-19 recovery planning in Berkshire. It considers the impact of the pandemic on the local economy highlighting that this impact will be seen for years to come and that the loss of jobs and reduction of household income are likely to intensify existing inequalities. Ways of working have changed with many thousands now working full-time from home. Although these changes will have brought about positive impacts for many, they will also have increased feelings of isolation and loneliness. Young people will have been disproportionately affected by loss of jobs and furlough. Women and BAME groups are more likely to be employed in key worker jobs and roles that involve frequent contact with others. These groups will have faced the additional anxiety and stress that such contact at a time of pandemic will incur.

The chart at figure 28 shows the percentage of jobs located within each Berkshire local authority based in industries that are most likely to involve high levels of face to face interaction. All local authorities have a significant proportion of jobs based in industries likely to bring about high levels of face to face interaction. There is variation in type of industry between local authorities; Wokingham has the highest proportion jobs related to education; Bracknell and Reading have the highest proportion of retail jobs; Slough has a much larger proportion of the transport and storage jobs. Reading has the highest proportion jobs related to the health industry.

Figure 28: Jobs in industries with high levels of face to face contact (local authority location of business)



Source: Business Register and Employment Survey ONS Crown Copyright Reserved [from Nomis on 2 July 2021]

At the 30th March 2021, 49,700 jobs were furloughed across Berkshire. There has been a total of 164,500 jobs furloughed in total since 23rd March 2020. Uptake rate is the percentage of jobs furloughed compared to the number of jobs eligible for furlough. The cumulative number of jobs on furlough across Berkshire local authorities ranges from 25,800 for people living in Windsor and Maidenhead to 31,400 in Slough. Figures are based on the local authority of the business and not residence.

Table 13: Cumulative number of jobs on furlough at 31st March 2021 (local authority of business)

Local Authority	Cumulative number of jobs on furlough
Bracknell Forest	23,100
Reading	31,300
Slough	31,400
West Berkshire	26,700
Windsor and Maidenhead	25,800
Wokingham	26,200
Berkshire total	164,500

Source: HM Revenue and Customs

During the first national lockdown, women and young people were more likely to be furloughed and are more likely to face financial difficulties as recovery progresses (Women's Budget Group, 2020, IFS, 2020, IFS 2020a). In the lowest earning 10% of employees, 80% were

employed in a sector that was shut down or are not able to work from home, compared to 25% in the highest earning 10% (IFS) - (*Note this excludes key workers).

The number of jobs on furlough vary from sector to sector. The table below shows the cumulative number of jobs on furlough across England since the 23rd March 2020 to 30th April 2021 as a percentage by sector (top 10 sectors).

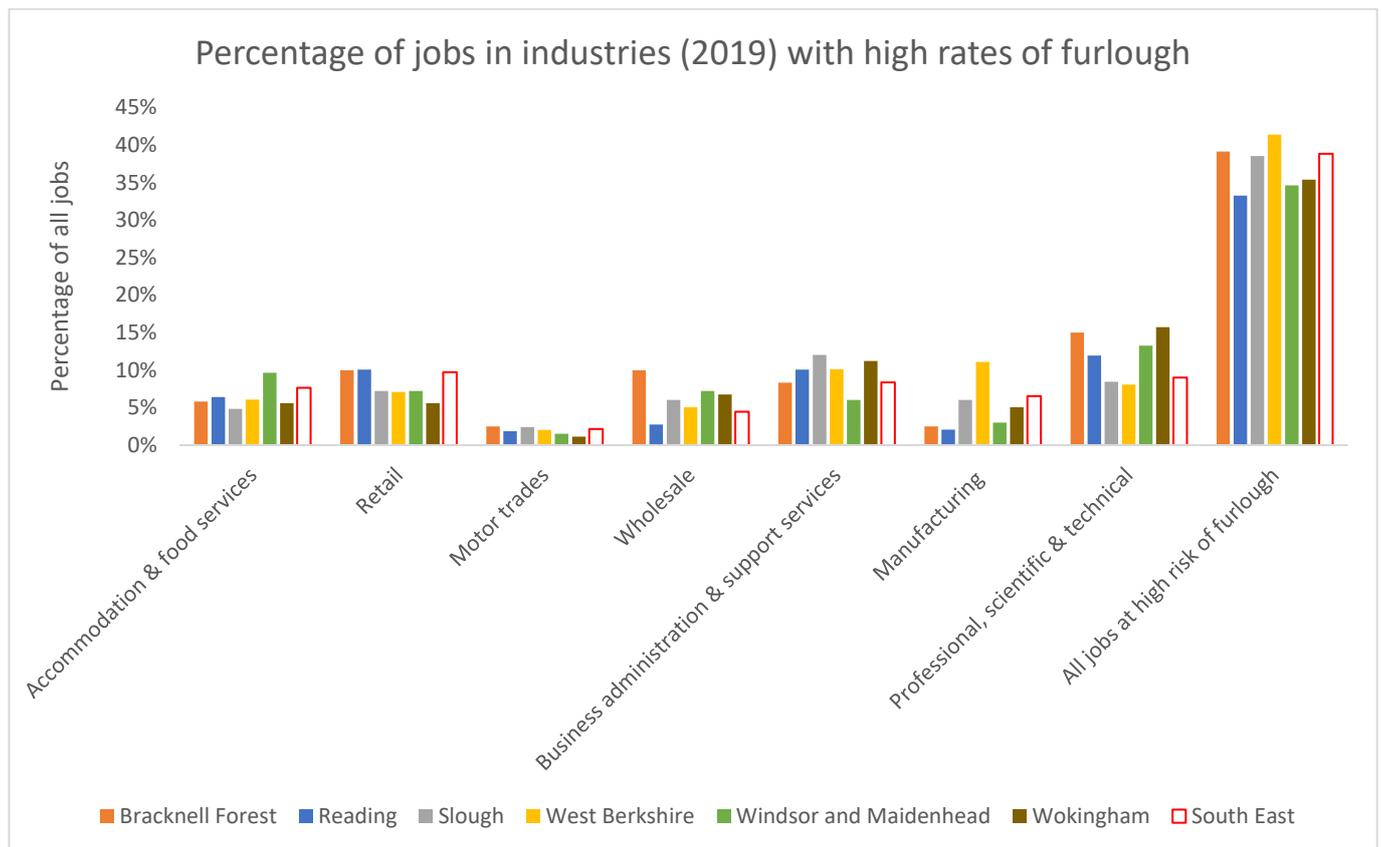
Table 14: Cumulative number of jobs on furlough by sector (top 10) - England

Sector	% of all jobs furloughed since 23rd March 2020
Accommodation and food services	22.7%
Wholesale and retail; repair of motor vehicles	18.7%
Administrative and support services	9.0%
Manufacturing	8.2%
Professional, scientific and technical	6.5%
Arts, entertainment and recreation	6.1%
Construction	6.0%
Transportation and storage	4.4%
Health and social work	4.2%
Other service activities	4.2%

Source: HM Revenue and Customs

Figure 29 shows the percentage of jobs located within each Berkshire local authority based in industries that are amongst the top 5 most likely be furloughed. ‘Wholesale and retail; repair of motor vehicles’ is broken down into constitute industries. All local authorities have a significant proportion of jobs in industries likely be furloughed (around 40% of jobs). However, we can see some differences between local authorities and industry type. Windsor and Maidenhead has a higher than average proportion of jobs in accommodation and food services; Bracknell Forest and Reading have a higher proportion of retail jobs with Bracknell Forest also having a higher proportion of wholesale jobs. These 2 industry types make up 40% of all furloughed jobs across England. The data does not tell us whether people working within jobs in each local authority are also resident within the local authority or not and it is likely that a significant proportion of these jobs draw people in from other local authorities including local authorities outside of Berkshire.

Figure 29: Workforce working in industries with highest furlough rates



Source: Business Register and Employment Survey ONS Crown Copyright Reserved [from Nomis on 2 July 2021]

Bereavement

Experiences of bereavement affect everyone in different ways but is usually characterised by grief. Grief is a process that people go through as they gradually adjust to loss. Again, grief is experienced differently by different people with people often moving in and out of the stages of grief and the range of associated emotions. Grief is an entirely normal process and there is no time limit on how long grief lasts. However, sometimes people experience grief in a way that, rather than becoming manageable overtime, worsens and affect day-to-day living for a long time.

Through this report we have seen how bereavement can be a key factor contributing to death by suicide. Bereavement is highlighted in the Berkshire Suicide Audit, the Berkshire deep-dive into female suicides, and The National Confidential Inquiry into Suicide and Safety in Mental Health’s reports into suicide amongst both children and young people and middle-age men.

Bereavement by suicide can be particularly devastating to the lives of those around the person who has died. People bereaved by suicide are at a greater risk of suicide themselves. Bereavement by suicide was highlight in 6% of subsequent suicides in the Berkshire Suicide Audit (2018). In 2020, Suicide Bereavement UK published a report entitled [From Grief to Hope: The collective voice of those bereaved or affected by suicide in the UK](#).

The report lays out key findings and recommendation based on an online survey completed by over 7,000 people who have been bereaved by suicide. The number of people responding to the survey increased steadily by age band, peaking at age 45-54 before dropping off more rapidly for the 55-64 and 65+ age groups. 97% of respondents were White. Of non-White respondent, the majority (47%) reported their ethnicity as ‘multiple/mixed’. 89% identified as heterosexual and 75% were in paid employment. 33% had been bereaved by more than 1 suicide.

Key survey findings are summarised in the table below.

Table 15: Key findings from Suicide Bereavement UK’s 2020 report

Topic	Finding
Impact	82% reported that suicide had a moderate or major impact on their lives
	Serious adverse consequences included relationship break-up, unemployment and financial problems
	Over a third reported mental health problems with this been particularly common for women
Link to self-harm and suicide	8% reported self-harming
	38% had considered taking their own life
	8% had made a suicide attempt
	36% of those making a suicide attempt did so over a year after being bereaved by suicide
Relationship to deceased	The most common relationship reported was the loss of a friend to suicide
	Participants who had lost friends were more likely to have experienced multiple suicides and often reported feeling overlooked by services
Accessing support	60% did not access support following a suicide
	Over a third did not know what types of services were available
	62% perceived the provision of local bereavement support to be inadequate
Support requested	Immediate, proactive support is important
	Some, not always ready to receive help straight away, said that information should be presented in an easily accessible format such as a booklet or person to contact for support when they were ready
	Ongoing bereavement support should be available with a follow up at 3, 6, 12, or 18 months after the suicide occurred

Source: Suicide Bereavement UK, *From Grief to Hope*, 2020

Glossary

Age-specific mortality rate

The total number of deaths per 100,000 people of an age group

Age-standardised mortality rate

A weighted average of the age-specific mortality rates per 100,000 people and standardised to the 2013 European Standard Population. Age-standardisation allows for differences in the age structure of different populations and therefore allow valid comparisons to be made between geographic areas, the sexes, and over time.

Registration delay

The difference between the date which a death occurred and the date which a death was registered

Statistical significance

The term “significant” refers to statistically significant changes or differences based on unrounded figures. Significance has been determined using the 95% confidence intervals, where instances of non-overlapping confidence intervals between figures indicate the difference is unlikely to have arisen from random fluctuation

Years of life lost

Years of life lost is a measure of premature mortality and gives an estimate of the length of time a person would have lived had they not died prematurely. It can be used to compare the premature mortality experience of different populations and quantify the impact on society from suicide.