



Memorials Consultation

We attended a consultation session with Calderdale Council around managing memorials in public spaces.

The Public Health Team at Calderdale Council were looking into memorials and public tributes at locations of suicide, to try better understanding the risks, benefits, and best approaches for supporting those who are bereaved and at risk.

They had examined the research and professional guidance but were hoping to gain more personal and meaningful insight from people with lived experience. It was hoped that the findings and suggestions will be shared across West Yorkshire for a more shared approach.

Our Project Coordinator alongside 5 people with lived experience attended this consultation.

A Public Health Practitioner from Calderdale Council facilitated the discussion along a range of discussion areas and heard lived experience perspectives throughout.

“I did not have lived experience of a memorial in a public place but obviously I have seen some and have clients whom this has impacted. I believe the project came about as a result of staff having to move memorials from a public place (due to multiple concerns- safety, messages to others etc. It is an area which opens up a ‘can of worms’ but nevertheless needs addressing.”



Discussion areas

1 Policies of memorials and roadside tributes

There are no policies or guidelines in place currently and a need for this has been raised in the past.

There is little support in place for staff who remove memorials and each site is handled on a case-by-case basis currently. Staff managing or removing memorials can also face criticism.

Questions were raised around whether a policy would cover all public deaths or whether it would be different for deaths by suicide - there was a sense that this could help to normalise the grief people feel.

Recommendations/ suggestions:

- Policy to remove memorials 4 weeks after death (subject to concerns about 'contagion effect' - if at a high risk location, may be removed earlier)
- Policy to explain risks and why we need memorials policy, in a way that is sensitive to variety of experiences, and opinions.
- Memorials to be taken down at night to reduce any upset and people should be pre-warned about it being taken down. Also important to avoid removal on any anniversaries.
- Items removed to be held in storage so loved ones can access if they wanted.

2 Risk of memorials

Some research suggests that memorials at sites of suicide may increase risk in others by highlighting possible locations.

Could equally be triggering for vulnerable groups, witnesses or front-line staff. However, this contagion effect is hard to prove and research is limited.

There were also discussions about particular locations and how risk will vary based on location e.g. different in a quieter area like a wood to a more public place like a bridge. From a CCTV perspective, memorials can also obstruct cameras.

Recommendations/ suggestions:

- Understand that we cannot eliminate all harm or upset, with a matter like memorials.
- Understand that for some, the site of death is important for a memorial and for others this will be triggering.

“For someone who is vulnerable or predisposed to suicidal thoughts, it could create negative and intrusive thoughts, it links present with past”

3 Role of memorials

There were discussions about the role of memorials in providing a way in which people can grieve with a ‘physical outlet’ and a ‘meeting point’.

This, coupled with concerns about risks of existing memorials led to discussions about other forms of memorialisation or utilising other locations and not the site where somebody died.

One challenge was that it can be difficult to have communication with those who create memorials due to GDPR and not having a Police Family Liaison Officer like with other deaths in public places.

Recommendations/ suggestions:

- Recognise and respect different ways of grieving and importance for some in having this physical space to grieve.
- Annual memorial events with safeguarding measures in place, a permanent memorial like a bench, plaque or garden and memorials held at places that were special to the person who died e.g. clubs or sports venues.
- There were some suggestions around the use of the term ‘action grief’ being positive as it recognises that not everyone wants to talk.
- Explore mechanisms to open up communications with those who are bereaved.

Impact

The consultation discussion notes have been passed on to the public health team who manages this area of work and will be followed up.

This approach is then hoped to be rolled out at a wider level across West Yorkshire and our coordinator has had conversations with the Public Health Lead in Bradford who is keen to explore a similar consultation.

“It was an incredibly powerful discussion with lots of difference of opinion, but it was obvious the network had been coordinated in a way where everyone’s voice and opinions were valued. And we felt very reassured everyone was safeguarded. The discussion really enlightened the work we are planning around memorials. We feel more confident that we can find a way forward that is sensitive to the needs of bereaved people.”