

Suicide Contagion Response Group

Terms of Reference

1. Purpose, Aims and Preparation:

Barnsley Council Public Health will co-ordinate this meeting consisting of key partners. The purpose of the group is to support people who may have been affected by the suspected suicide and coordinate actions around preventing a potential contagion. This group will identify individuals and communities most likely to be impacted by the recent death and ensure that appropriate and targeted support is available.

The meetings will be based on the Circles of Vulnerability Model which is a systematic approach to identifying vulnerable groups and communities who are most at risk of suicide contagion. The Circles of Vulnerability should become an ongoing mapping process for the duration of the Contagion response.

Aims:

- To agree and coordinate a multi-agency response for the prevention of suicide contagion and improved resilience in at risk populations.
- To identify, and ensure targeted support is available for communities and populations most likely to be impacted by the recent death.
- To ensure effective agency communication and the adoption of best practice with regard to post suicide intervention and support.

Preparation for attendees:

Attendees (especially school staff) should come prepared to share information and intelligence regarding any young person who may be vulnerable. Information on the following would be advised:

- Family members (siblings and extended family)
- Close friends/ partner
- Relevant connections through social media or in the community
- Anyone who may feel responsible for the death
- Gender fluid children
- Looked After Children
- Children/ young people known to be in Mental Health Services
- Students with a history of previous suicide attempt or self-harm

Identifying individuals at risk

It is then the responsibility of the group to go through each individual and accurately capture both personal details and risks detailed in Appendix 6. A blank vulnerability matrix can be found in Appendix 5. The group can then consider:

- Action that has already been taken
- What further action is needed?
- What respective organisations are committed to doing?

Any vulnerable community groups identified should then be contacted and signposted to sources of support. The Police may have information following their interrogation of devices in terms of social media and therefore any potential vulnerable groups of individuals.

Members would also flag these issues and vulnerabilities on relevant systems. It is advised that any confidential information is excluded from the Circles of Vulnerability Matrix. (Initials rather than full names should be used)

Where young people reside out of area considerations need to be made as to which agencies this information can be passed on to in order to appropriately support those at risk outside of Barnsley's boundaries.

2. Meetings

Group membership:

The group should include individuals from the following agencies as appropriate. The meeting should be chaired by BMBC Head of Public Health.

- BMBC: Children's Services, Early Help, Public Health, Safeguarding, 0-19 PHNS and Educational Psychology
- NHS Clinical Commissioning Group: Designated Nurse
- Barnsley Hospital NHS Foundation Trust – Safeguarding Team
- South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) – CAMHS and Safeguarding Team
- South Yorkshire Police
- School: Head teachers(s), Deputy Head Teacher(s) and Safeguarding Lead (School to nominate lead)
- Communication departments relevant agencies
- Postvention Suicide Support Provider
- Minute taker (minutes to be circled to the group using secure email)

Frequency of meetings:

This group is not time- limited and should meet for as long as necessary. There may be more than one meeting during the first week of the response. After this, meeting once a week may be sufficient.

Administrative Support:

Minutes of the meetings and the circles of vulnerability mapping will be circulated to all members of the group and to the Barnsley Safeguarding Children Board, after each meeting. Admin support to do so will be made available. BSpublichealth@barnsley.gov.uk Ross Spending has agreed to support the meeting.

Confidentiality and Information Governance:

All agencies abide by their existing information governance structures that are already in place. Whilst it is important that multiple agencies work together and share essential information, it is also crucial that confidentiality and data protection is considered. Any sensitive information (e.g. vulnerable individuals list) should be shared by email securely. Information captured within the meetings must only be shared with members of the Group or other agencies/professionals by agreement of the meeting.

Social media:

It is important that a standard social media response is adopted and that agencies are conveying the same messages and highlighting relevant sources of support on their social media accounts.

Engaging with external media:

News about suicide via the media is 'probably the most important influence prompting clusters to develop'. There is therefore a need for sensitive and factual reporting to minimise community distress and also increase awareness in terms of suicide prevention.

The Contagion Response group must consider any possible media attention. Any potentially damaging media reporting of suspected suicides needs to be addressed as early as possible. It is recommended that communication leads within each agency link together to ensure that there is a coordinated approach. Communication leads should use the Samaritans best practice Media Guidelines, which can be found on the Samaritans website: <https://www.samaritans.org/about-samaritans/media-guidelines/>

Other Responsibilities:

Members of the Group are required to feedback action and issues to their respective organisations. All organisations are expected to contribute towards learning lessons and reflection on the process once the response has closed.

Stepping down the response:

The decision to step down the multi-agency group should be agreed by all members of the group. Agencies should continue to work together to support those affected (including significant dates and anniversaries). There should be ongoing surveillance of suicide and self-harm in the area. Once stepped down, normal safeguarding procedures should resume. The group must be prepared to reconvene if there is any evidence of increased risk.

Support should be offered to relevant agencies.