Cumbria Intervention Protocol Following a Suspected Child Suicide

Scope of this Chapter

This protocol has been developed to support professionals and direct responses following a suspected child suicide. The overarching purpose of this protocol and multi-agency response is to minimise community distress and risk of contagion.

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1. ***Introduction***

A child suicide is a rare event; however, when it does occur the impact of it can be widespread. Literature acknowledges that the effect among peers can be potentially devastating. The occurrence of an adolescent suicide in itself is a known risk factor for suicide contagion. Suicide contagion refers to the social, or interpersonal, transmission of suicidality from one victim to another, which can then also lead to suicide clusters. One of the more well-known suicides clusters in the UK relates to a spate of teenagers taking their own lives in Bridgend, Wales.

The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) published a report in July 2017 specific to suicide by children and young people. One of the key messages from the report is that 'suicide in young people is rarely caused by one thing, and that it usually follows a combination of previous vulnerability and recent events'. The report identifies a number of important themes for suicide prevention: support for or management of family factors (e.g. mental illness, physical illness, or substance misuse), childhood abuse, bullying, physical health, social isolation, mental ill-health and alcohol or drug misuse. The report also highlights some specific actions for the following groups: young people who are bereaved, especially by suicide, greater priority for mental health in colleges and universities, housing and mental health care for looked after children and mental health support for LGBT people.

Following the suicide of a young person, the National Suicide Prevention Strategy highlights that effective post suicide interventions at a community level can help to prevent copycat suicides and suicide clusters. Furthermore, the Samaritans highlight the importance of post suicide intervention protocols in their Step by Step guide. Consequently, this protocol has been developed to support professionals and direct actions following a suspected child suicide. The overarching purpose of this protocol and multi-agency response is to minimise community distress and contagion.

2. Overview of Current Statutory Child Death Process

Following the sudden death of a young person under the age of 18 years there is in England a statutory process of investigation which is overseen in Cumbria by the Cumbria Safeguarding Children Partnership (CSCP). This body is responsible for ensuring that a review of each death of a child normally resident in the area is undertaken by a Child Death Overview Panel (CDOP).

This document provides additional guidance to be followed where a suspected suicide of a child may have occurred.

3. *Local Notification Process*

Where a child death is a suspected suicide, it is essential that the Local Authority Public Health Service is informed. This should be done by notification to the Public Health Enquiries mailbox Public.HealthEnquiries@cumbria.gov.uk This is to be done in addition to the usual CDOP process in order to trigger the contagion response. The responsibility to do this cannot fall to one agency so it is essential that any agencies made aware of a suspected child suicide notify public health to coordinate a response. An email should always be sent to the email addresses provided but a phone call where appropriate is also recommended.

4. *Initiation of Contagion Response and Contact with School*

The school should be notified via the CDOP process, this should then be followed by contact from the Educational Psychology Service in relation to suicide contagion. In the event that a suspected suicide occurs outside of term time, Children's Social Care should be contacted to make relevant arrangements with school representatives who are available outside normal school hours. Early notification is crucial in ensuring the school receives accurate information from a reliable source and can plan how they will support other pupils and staff. The school will play an important role in mitigating contagion risk, and aiding recovery, but only if they are able to respond to the situation appropriately. By making immediate contact with the school, we can ensure that they are best equipped to deal with the devastating aftermath of a suspected suicide and that other vulnerable children are identified and safeguarded.

Access the Cumbria Bereavement in Educational Settings - A Guide for Schools here: https://localoffer.cumbria.gov.uk/kb5/cumbria/fsd/advice.page?id=2imoH2hBqTs

Click here to view the Early Alert for Suspected Child Suicide Flowchart

5. *Providing Support and Useful Resources to Schools*

One of the first steps should be to ensure that the school, and other schools in the local area where relevant, are provided with support. This may include CAMHS, Educational Psychology, 0-19 Services and voluntary sector provision (please refer to the Agency Process to Assist Agencies to Respond to a Critical Incident Regarding a Child). Additionally, the school should be signposted to appropriate resources such as the ones detailed below and in Appendix 4: Sample Agenda for First Meeting. Schools may wish to use the sample letter in Appendix 3: Example Letter to Parents, or the templates here.

The relevant Public Health Practitioner will coordinate the response for Pupils, Parents, teachers and the wider community. -

5.1 The Samaritans 'Step by Step' Service

The Samaritans' 'Step by Step' service is available to schools and colleges in the UK and offers practical support and advice to schools, colleges and other youth settings that have been affected by a suspected suicide or an attempted suicide. With the support of local branch volunteers, Postvention Advisors are able to offer support in the following ways: providing communications and talks to staff, parents and students, advice on how to handle the media, advice on responding to social media, and support with memorials and anniversaries. The Samaritans 'Step by Step' booklet can be accessed via the Samaritans Website

Tel: 0808 168 2528 / E-mail: stepbystep@samaritans.org

5.2 PAPYRUS Guide for Teachers and Staff

PAPYRUS have developed guidance to support teachers and school staff in building suicide safer schools. Some of the topics within this resource include: helpful language when talking about suicide, where to seek professional advice and support, what to do when there is concern about a child, and advice and support on what to do following a schoolchild's suicide or suicide attempt. The postvention section of the guidance provides some key suggestions of what to do after the suicide of a school pupil. This includes how best to inform other students (including agreeing with staff on the words used to tell students and the importance of being consistent with the information given), how to support students (reassurance that grief is normal and that there is no right or wrong way to grieve), how to communicate with the media, and how to appropriately remember a schoolchild. The PAPYRUS guide is entitled 'Building Suicide-Safer Schools and Colleges: A guide for teachers and staff' and can be downloaded from the PAPYRUS website

5.3 Letter to Parents/Carers

A sample letter to parents/carers of pupils from the school can be found in Appendix 3: Example Letter to Parents or here. If a school decides to write their own letter, it is worth emphasising that distress and anxiety are 'normal' bereavement responses and ensure that sources of support are signposted. In addition, the letter should highlight that the school will be meeting with other agencies to try to

ensure they are doing everything possible to safeguard children in the school and community.

5.4 National Confidential Inquiry Report on Suicide of Children and Young People

As noted within the introduction, the NCISH have published a specific report relating to suicide of children and young people. The findings may be useful for school staff and a copy of the full report can be accessed on the NCISH Website.

6. The Multi-Agency Contagion Response Group

The multiagency contagion response group should be convened as soon as possible, ideally within 2 working days of the death, following the Joint Agency Response Meeting (JARM) which forms part of the child death process.

6.1 Contagion Response Group Membership

The contagion response group should have a fixed core membership, with the flexibility to co-opt other relevant professionals depending upon individual circumstances. The core membership should include individuals from the following agencies as appropriate:-

- Cumbria County Council: Children's Services, Early Help, Public Health, Safeguarding, 0-19 Public Health Nurse Service and Educational Psychology;
- NHS Clinical Commissioning Groups: North Cumbria CCG and Morecambe Bay CCG – Safeguarding Team;
- NHS Provider – e.g. Acute, Community and CAMHS
- Cumbria Constabulary – Senior Investigating Officer (SIO) Attendance and Subject Matter Expert (SME)
- School(s): Head teacher(s), Deputy Head teacher(s) and Safeguarding Lead;
- Representatives from the third sector and other agencies as appropriate;
- Cumbria Safeguarding Children's Partnership (CSCP) Child Death Overview Panel (CDOP) representative

6.2 *Purpose of the Group*

The purpose of the group is to coordinate actions which are focused on preventing mental distress and reducing the risk of any further deaths by suicide 'contagion'. The group will identify resources available and ensure that appropriate and targeted support is provided for

individuals, communities and populations most likely to be impacted by the recent death.

Additionally, to ensure that agencies are communicating effectively and that best practice is being adopted with regard to post suicide contagion, it is important to emphasise that the group is about collaboration.

6.3 *Terms of Reference*

Having some Terms of Reference (TOR) for the multiagency contagion response group will ensure clarity regarding the overall purpose of the response group, its membership and accountability. A set of clear TOR should be circulated to all group members prior to the first meeting. At the first meeting all members should agree on the TOR. If any amendments are required, the TOR should be recirculated.

See Appendix 2: Sample Terms of Reference Suicide Contagion Response Group for sample TOR.

6.4 *Location of Meetings*

The location of the contagion response group meetings should be considered carefully. These meetings can be held virtually if considered appropriate by those involved and there is a suitable, accessible platform available to support this.

6.5 *Chairmanship*

The meeting should be chaired by the appropriate Public Health Lead.

6.6 *Preparing for the First Meeting: Information Required*

The Public Health Lead will be responsible for coordination of the meeting and should send out invitations to the first meeting, along with the TOR (see Appendix 2: Sample Terms of Reference Suicide Contagion Response Group) and background information on the Circles of Vulnerability model (see Section 6.7.2, Circles of Vulnerability Mapping) and Appendix 5: Blank Circles of Vulnerability Matrix. Also See Appendix 4: Sample Agenda for First Meeting for example agenda.

It is important that a school representative of appropriate seniority (i.e. head teacher or deputy head teacher) is able to attend the meeting; ideally they will be accompanies by the lead for pastoral support . The school representative/s should come prepared to share information and

intelligence regarding pupils who may be vulnerable to contagion in order that available support can be identified and provided without unnecessary delay. Information regarding family members (including siblings and extended family) and any social connections and groups that the schoolchild had should be gathered (including close friends, boy/girlfriends, social media connections/activity, extracurricular clubs, church or other community affiliations, hobbies/interests of the child which may have resulted in affected persons, any cultural or language issues that need to be addressed and anyone who might feel blame or responsibility for the death). Note that this information may also come from police or other sources.

6.7.1 *Confidentiality and Information Governance*

It is advised that all agencies abide by their existing information governance structures. Whilst it is important that multiple agencies work together and share essential information, it is also crucial that confidentiality and data protection are considered. This should be discussed with the family and consent obtained where possible.

6.7.2 *Circles of Vulnerability Mapping*

The Circles of Vulnerability Model is a systematic approach to identifying individuals who may be vulnerable to suicide contagion, it is featured in national guidance 'Identifying and Responding to Suicide Clusters and Contagion'. The model consisted of three intersecting risk factors, geographical proximity, psychological proximity, and social proximity.

The Circles of Vulnerability model can be adapted to the presenting case and should inform an on-going process of identifying at risk individuals and communities, describing the risks identified and recording the mitigation put in place. The Public Health Lead and relevant admin support will be responsible for recording and updating this information and sharing as required.

Groups to consider include:

- Home educated children;
- Gender fluid children;
- Social groups/clubs;
- Social media contacts/groups;
- Looked After Children;
- Children known to Mental Health Services.

Any community groups identified should be contacted and signposted to sources of support.

Please refer to pages 26-31 of the National guidance 'Identifying and responding to suicide clusters and contagion: a practice resource' for examples of vulnerability matrices and further information about the model. A blank Circles of Vulnerability matrix can be found in Appendix 5: Blank Circles of Vulnerability Matrix and Appendix 6: Spreadsheet to capture information on Vulnerable Individuals. 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 Cumbria's boundaries.

6.7.3 *Identification of Individuals at Risk*

As noted in section 6.7 the school(s) should have prepared a list of potentially vulnerable individuals (pupils, staff and others) for the first meeting. It is then the responsibility of the group to go through each individual and capture the following, where deemed applicable:

- Full name
- Known aliases / also known as
- Date of birth
- Address
- Contact number
- GP
- NHS Number
- School
- Reason for inclusion on list (e.g. close friend, sibling, school concern, MH concerns)
- Open to or known to CAMHS (yes, no)
- Known to children's services (yes, no)
- Name of Care Coordinator;
- Issues/status (e.g. previous self-harm, previous suicide attempt, anxiety, ACES, gender identify, school refusal, parental concerns);
- CAMHS history;
- Actions agreed within meeting (to be updated each meeting);

A template for capturing the information in relation to individuals at risk can be found in Appendix 6: Spreadsheet to capture information on Vulnerable Individuals; this can then be copied and pasted into Microsoft Excel for data entry. If a an individual is identified as being at risk then a safety plan should be put in place.

Information governance and GDPR principles should be followed to ensure data is handled and stored correctly. The school will own this list and public health will assist with the coordination of considerations and risks.

6.7.4 ***Minutes of Meetings***

The minutes of meetings should be captured and emailed out to the group at the earliest opportunity. This would ideally be by the following day, in order that any actions can be followed up, and where a member was unable to attend, that member can quickly be brought up to speed. These should be circulated to all members of the group using secure email via Public Health Lead and relevant admin support.

6.8 ***Social Media***

With modern communications the contagion effect may not simply be among those who attended the same school or live in the same town or village. Any relevant social media connections should be considered when working through the Circles of Vulnerability matrix. Following their interrogation of devices the police may have relevant information about potentially vulnerable groups or individuals.

6.9 ***Engaging with the Media***

As noted within the National suicide cluster and contagion guidance, 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 in order to minimise community distress and also to increase awareness in terms of suicide prevention. Any potentially damaging media reporting of suspected suicides need to be addressed as early as possible.[1] The contagion response Group must consider any possible media attention. It is recommended that communications leads within each agency link together to ensure that there is a coordinated approach to ensure consistency. Throughout the response period, an on-going dialogue with local media will help to ensure sensitive and responsible reporting. The chair-person of the multi-agency response group should refer Communication Leads to the Samaritans best practice Media Guidelines, which can be found on the Samaritans website.

It is important that a standard social media response is adopted, and that agencies (e.g. police, schools, NHS, council) are conveying the same messages and highlighting relevant sources of support on their social media

accounts. A lead communication person should be assigned at the contagion meeting.

[1] Public Health England (2015) Identifying and responding to suicide clusters and contagion: a practice resource. Available from: https://www.gov.uk/government/publications/suicide-prevention-identifying-and-responding-to-suicide-clusters [Accessed: October 2020]

6.10 ***Funeral and Memorial Arrangements***

Once the school (or other agency) are made aware of the details for funeral and/or memorial, the rest of the multi-agency group should be informed. Depending on the circumstances, provisions for additional support may need to be in place and some communication with the media regarding reporting and sensitivity may be appropriate. It is important that the group work closely with the school and other partnership to plan and provide support for the funeral and (if applicable) memorial arrangements.

6.11 ***Frequency of Meetings***

There may be more than one meeting during the first week of the response, as appropriate to the circumstances of the case. After this, meeting once a week may be sufficient, however the date of each subsequent meeting should be discussed and agreed by all members of the multi-agency response group.

6.12 ***Duration of Response***

As explained within the TOR, the group is time-limited and should meet for as long as is necessary. There is currently no national guidance on how long a contagion response should be. The length of the response will depend upon the contagion level and risk within the community. Group members should remain vigilant and use the contacts of the group as a platform to raise any concerns and the decision to step down should be agreed by the group/or chair. Once stepped down, normal safeguarding procedures should resume. See section below on stepping down the response. The group must be prepared to reconvene if there is any evidence of increased risk.

6.13 ***When and How to Step Down the Response***

The contagion response should only be stepped down when it is agreed that all individuals who were identified as being at risk have been appropriately safeguarded. The decision to close down should ultimately be made by chair in conjunction with group.

Following that decision a stepping-down strategy should be implemented. The national guidance on identifying and responding to suicide clusters and

contagion recommend that a stepping-down strategy should include the following:-

- Ensuring that where necessary, agencies continue to work together to support those affected;
- Planning support for significant dates and anniversaries;
- Ensuring community agencies (i.e. police, schools, healthcare teams etc.) are aware of how to communicate future concern;
- Providing the group with an opportunity for reflection and documenting that learning;
- Ongoing surveillance of suicide and self-harm in the area, especially as geographical areas that experience a suicide cluster may be at risk of further ('echo') clusters in the future. It might also be advisable for the group to ensure vigilance around anniversaries of suicide clusters. [1]

  [1] Public Health England Identifying and responding to suicide clusters and contagion.. Available from: https://www.gov.uk/government/publications/suicide-prevention-identifying-and-responding-to-suicide-clusters [Accessed: October 2020].

7. Learning and Reflection Debrief

Following the death of a child the usual CDOP process will be adopted as shown in Section 2, Overview of Current Statutory Child Death Review Processes. In addition where any lessons learned can be fed into the local suicide prevention action plan for the Cumbria Suicide Prevention Leadership Group to action as a multiagency strategic group. This learning should also be fed into the CDOP panel. This will also allow an opportunity to de-brief and support will be offered by relevant agencies such as Samaritans and the suicide bereavement support service.

8. Review of Protocol

Following each contagion response learning and reflection event, this protocol should be reviewed and updated accordingly. The protocol should then be distributed to the group members for dissemination (if appropriate) within their organisations.

9. Contagion Response Group Checklist

Contagion Response Group Checklist.docx

10. Appendices

Appendix 1: National Confidential Inquiry Suicide by Children and Young People: Infographics

Appendix 1 National Confidential Inquiry S

Appendix 2: Sample Terms of Reference Suicide Contagion Response Group

Appendix 2 Sample ToR Suicide Contagio

Appendix 3: Example letter to parents – alternatively school may choose to use templates in the Cumbria Bereavement in Educational Settings - A Guide for Schools here

Appendix 3 Example letter to parents.docx

Appendix 4: Sample Agenda for First Meeting

Appendix 4 Sample agenda for first meeti

Appendix 5: Blank Circles of Vulnerability Matrix

Appendix 5 Blank Circles of Vulnerabilit

Appendix 6: Spreadsheet to capture information on Vulnerable Individuals

Appendix 6 Spreadsheet to captur

11. References

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