

Lancashire Children and Young People (CYP) Suicide Community Contagion Prevention Protocol

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. This protocol must be utilised in conjunction with the statutory process following the death by suicide of a child aged under 18, outlined in the document 'The Management of Sudden and Unexpected Deaths in Childhood' (SUDC).

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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 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 individual to another, which can then also lead to suicide clusters. One of the more well-known suicides clusters in the UK relates to at least 26 teenagers taking their own lives in Bridgend County Borough in South Wales in 2007 and 2008.

The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) reported in 2017, 'suicide in young people is rarely caused by one thing, and that it usually follows a combination of previous vulnerability and recent events. Their report identified 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 contagion 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.

2. Overview of Current Statutory Child Death Process

https://panlancashirescb.proceduresonline.com/pdfs/sudden_death.pdf

Following the sudden death of a young person under the age of 18 years in England a statutory process of investigation is undertaken, overseen by the local Child Death Overview Panel (CDOP).

This document provides additional guidance to be followed where a suspected suicide of a child may have occurred and supports the statutory process followed by the SUDC Service in Lancashire. Any contagion review will be undertaken by the relevant Local Authority Public Health lead(s) in the review of risk from contagion.

If the child's death falls within the definition of an unexpected death, then a Joint Agency Response (JAR) is undertaken and an initial Sudden Unexplained Death of a Child (SUDC) meeting, otherwise known as a JAR meeting, is initiated by the SUDC Nurse. In the case of a suspected death by suicide, the Local Authority Public Health nominated Suicide Prevention lead(s) or representative from the area in which the child resided will participate in the JAR meeting. The JAR meeting is a multi-agency meeting

where all matters relating to an individual child's death are discussed by the professionals directly involved in the care of that child during life and their investigation after death.

The SUDC Nurse will be responsible for arranging, inviting required professionals, and chairing the JAR Meeting. The exception to this will be if the child/YP is open to Children Social Care, or there are any safeguarding concerns or suspicious circumstances identified. In these circumstances, there would be a Strategy Meeting, led by Children's Social Care, or the Police.

The JAR meeting is essential, not only for information gathering and sharing purposes, but also to identify any other young people that may be vulnerable to self-harm/suicide and ensuring the most appropriate support is in place for them. To do this, certain key agencies (required Professionals and Key Professionals) are to be present at the multi-agency JAR and any subsequent review meetings.

During the multi-agency JAR meetings, whilst assessing risk and vulnerability, the possibility of suicide contagion must always be assessed and reviewed. This process will be supported by the Public Health nominated Suicide Prevention lead(s) or representative.

3. Local Notification Process

The relevant nominated Local Authority Public Health lead(s) will be notified of the death of a child/YP under the age of 18 by the SUDC nurse, who in most circumstances will convene and chair the JAR Meeting. If the death has occurred in a public place in a different authority in Lancashire, the nominated Suicide Prevention lead(s) for that area will also be notified. In this instance, more than one Suicide Prevention lead may be in attendance.

If a child from South Cumbria dies in Lancashire, the Lancashire SUDC protocol will be followed, and the Suicide Prevention lead(s) for South Cumbria notified.

Public Health Contagion Lead(s) Contact details:

Blackburn with Darwen Public Health: publichealthadmin@blackburn.gov.uk

Blackpool Public Health: CCPRG@blackpool.gov.uk

Lancashire County Council Public Health: CCPRG@lancashire.gov.uk

South Cumbria Public Health: Public.HealthEnquiries@cumbria.gov.uk

4. Is contagion a risk?

During the JAR Meetings, all agencies in attendance will discuss the available intelligence regarding risk and mitigating factors surrounding the death and those affected.

The following factors (Table 1) will be reviewed in making a consensus decision regarding reducing the risk of contagion – considering both risks and

protective factors in the group discussion and recognising that a tiered approach to individual needs will be required.

Table 1: Key risk and protective factors for vulnerability in childhood		
	Risk Factors	Protective Factors
Individual	Child maltreatment including emotional, physical and sexual abuse* Emotional and physical neglect* Lower educational attainment Low self-esteem Impaired cognitive development Poor physical and mental health Poor language and communication skills Disability School exclusion Looked-after children Children in the criminal justice system Drug and alcohol use	Good social and emotional skills Well-developed cognitive skills Positive peer relationships Supportive relationships with an adult Opportunities to increase self-esteem (including sport and hobbies) Resilience – positive outlook Aspiration
Family	Domestic violence* Substance abuse in the household* Incarcerated household member* Parental separation or divorce* Mental illness in the household* Harsh or inconsistent parenting Poverty (including unemployment and low income) Housing conditions and tenure	Stable home environment Supportive relationships Supportive parenting and grandparenting Secure attachments with a significant adult outside of the home
Community and the wider social and physical environment	Lack of life opportunities Lack of social support and/or social isolation Violence, including gangs and county lines Discrimination and social exclusion including but not limited to factors such as gender, race, sexual orientation and disability Unhealthy neighbourhood characteristics such as being unsafe and unwalkable; having high vehicle traffic and levels of air pollution; having multiple opportunities for unfavourable health behaviours (such as gambling and fast food); and having poor quality or no green space	Strong community cohesion and social networks of support Vibrant community life with social and cultural activities Participation in local decision-making and being heard Sense of belonging and neighbourliness Education Healthcare provision Youth work provision and a young person having interests such as sport, music, art and other creative activities Affordable housing Access to healthier, affordable food Greener communities and improved access to good quality green spaces Healthy streets
*Adverse Childhood Experiences		

At this stage it may be agreed at the JAR meeting there is no risk of contagion due to an isolated incident and no further action is required as no relevant risk is posed to others. The decision will be agreed and recorded as a joint decision.

However, if contagion is considered a risk, the local Public Health lead(s) will organise and lead a Community Contagion Prevention Response Group (CCPRG).

Reasons for contagion risk may include:

- Significant linked individuals (e.g., education setting)
- Others affected and at risk by the incident within the setting
- Previous incidents linked to the setting

At this point of the meeting the Public Health lead will confirm the intention to proceed with the CCPRG. The Public Health lead will then provide an overview of the next steps and expectations.

Prior to the meeting being convened the Public Health lead will circulate a CCPRG information gathering tool (see Appendix 6) to the setting lead (usually in the case of CYP this would be a headteacher/safeguarding lead of the educational setting) to scope the individuals considered at risk from the recent death. The document will also be shared with other settings if appropriate to ensure all at risk are covered.

The expectation is for the information to be compiled, identifying people at risk due to the suspected suicide. The form will be required to be completed for discussion at the CCPRG.

In each incident a Microsoft teams channel will be created with JAR members invited. The information gathering tool will be uploads for access by partner agencies.

The information gathering tool will provide the initial focal point of the CCPRG and can be amended with additional people throughout the lifespan of the CCPRG.

5. *CYP Community Contagion Prevention Response Group (CCPRG)*

The multiagency CCPRG will be convened as soon as possible, ideally within 2 working days of the death, following the JAR meeting which forms part of the child death process. The CCPRG is a process rather than a specific meeting but is likely to focus on key group meetings aiming to mitigate risk.

5.1 Membership

The CCPRG should have a membership based upon the initial JAR meeting, with the flexibility to co-opt other relevant professionals depending upon individual circumstances. All persons attending the community contagion meeting have a responsibility to disclose immediately if they have a known association with any person being discussed. If any disclosure is made, colleagues present will make a collective decision if further participation is deemed appropriate.

For clarity, the following list highlights the likely makeup of a response group membership:

- Blackburn with Darwen/Blackpool/Lancashire County Council:
 - Children's Social Care/ Children's Family Services
 - Local Authority Education lead
 - Educational Psychology
 - Public Health
 - Safeguarding Business Support Lead
 - 0-19 Public Health Nurse Service (Safeguarding Lead/Team Leader)
 - Administrative support
- Lancashire Constabulary – Senior Investigating Officer (SIO)
- Relevant NHS contacts:
 - Acute
 - Community
 - Primary Care
 - Child Adolescent Mental Health Service (CAMHS) / East Lancashire Child Adolescent Service (ELCAS)
 - Integrated Care Partnership (ICP) CYP Mental Health Lead
- SUDC nurse
- School/College(s): Head teacher(s), Deputy Head teacher(s) and Safeguarding Lead.

The contagion group would also consider inviting wider members depending on the circumstances, e.g.:

- Mental Health Support Team (MHST) Leader
- Representatives from the third sector and other agencies as appropriate
- Lancashire and South Cumbria ICS Suicide Prevention Lead
- Communications Lead

5.2 Purpose of the Group

The purpose of the group is to:

- coordinate actions which are focused on preventing mental distress
- identify individuals (immediate/extended family, involved professionals i.e. NWSAS /Police, affected professionals i.e. teachers/immediate friendship network/wider social networks i.e. clubs/wider student network/wider community
- Those at risk/known to services who may require additional intervention and;
- identify and arrange intervention/s (where appropriate)
- raise awareness of support for anyone affected by the suicide
- reducing the risk of any further deaths by suicide 'contagion'.

The CCPRG will identify resources available (See Appendix 4) and ensure that appropriate and targeted support is provided for communities and populations most likely to be impacted by the recent death. Circles of Vulnerability can be used as a tool here to look at the wider societal impacts.

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

The group will primarily aim to ensure good communication and identify areas of risk and evidence. Specific agencies will follow up the relevant actions and report the outcomes.

The CCPRG will:

- Identify areas of risk beyond the scope of the JAR
- Coordinate and document appropriate risk mitigation, actions and intervention
- Support the school/college risk mitigation plan
- Identify training needs and coordinate as required
- Coordinate a communications plan including
 - Press release
 - Social media etc
 - Work with local media as required
- Focus on individuals if appropriate, deemed at risk and require safeguarding/additional support – and the actions required
- Arrange for acute and primary care services to flag high risk individuals on patient records in case of any presentations

The group will utilise the themes in Table 1 – risks and preventable factors.

The group will consider risk of contagion in several spheres as per Figure 1:

Figure 1: The range of individuals who may be affected by suicide
(modified with permission)

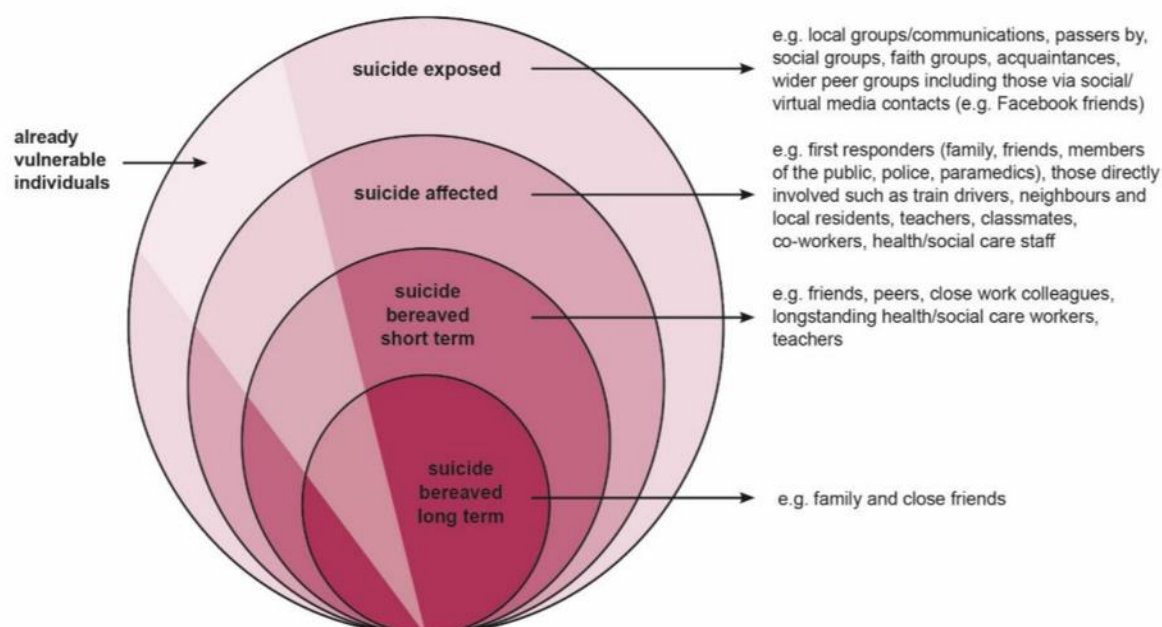


Figure 1 Source: [Identifying and responding to suicide clusters](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/644242/Identifying_and_responding_to_suicide_clusters.pdf)
(publishing.service.gov.uk)

5.3 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.

See **Appendix 1: Terms of Reference (CCPRG)**

5.4 Governance and Accountability

- The CCPRG meeting will be instigated at a JAR meeting
- The JAR meeting will agree the timescale to mobilise the CCPRG
- All notes from the CCPRG meeting will be retained by Public Health and shared with all meeting attendees via a secure platform.
- Retention of all documents will be in alignment with corporate guidance. Any voice recordings can be deleted once the meeting has been transcribed and signed-off by all parties.

5.5 Location

The location of the CCPRG meetings should be considered carefully. These meetings can be held virtually if considered appropriate by those involved and there is a suitable, accessible secure and accessible platform available to support this (e.g. MS Teams).

Administration – Public Health will be responsible for arranging administration support. If the meetings is scheduled to take place online these will be recorded and stored at least until the coroner's report has been released/deleted once the group has agreed the meeting records are accurate.

5.6 Chairing

The meeting should be chaired by the appropriate Public Health Lead(s)

5.7 Preparing for the First Meeting: Information Required

The Public Health Lead will be responsible for:

- Coordination of the meeting
- Sending out invitations to the first meeting as per section 5.1
- Circulation of the agenda (Appendix 2)
- Circulating the information gathering tool

It is recommended prior to the CCPRG meeting, the Public Health Lead(s) have a pre-meeting with the SUDC lead who led the JAR meeting and if possible, the lead from the key setting eg school.

Members of the CCPRG are expected to attend, or have the appropriate level of representation and bring relevant intelligence to the meeting, this will include individuals who have been identified as 'at risk' by any setting/service.

6. Confidentiality and Information Governance (IG)

Terms of reference will also be in place.

The information governance procedures will be a standard item on the agenda (See Appendix 2). The chair will explain the confidentiality and IG arrangements which will be agreed by all members prior to the start of the meeting. It is expected all agencies abide by their existing IG structures that are already in place.

- Schools are legally obliged to protect any information they handle and store about identifiable, living people such as school pupils, and as such are their own data controllers. Authorisation to access data within schools must follow the schools' own data access authorisation protocols.

Whilst it is important that multiple agencies work together and share essential information, it is also crucial that confidentiality and data protection are considered. Any sensitive information (e.g. vulnerable individuals list) should be shared by email securely (e.g. via Egress, Switch or McAfee Secure email). Information captured within the meetings must only be shared with members of the group. This can be circulated in the Microsoft teams channel as a secure network.

7. Meeting Notes

- The notes of meetings will be captured and emailed out to the group members at the earliest opportunity via secure email.
- The CCPRG form will be reviewed by the relevant professionals in attendance at the meeting.
- Any agreed actions/outcomes will be completed and submitted to the relevant inbox (See section 3) including any further updates as a result of the meeting.
- Minimal personal data will be shared on the updates i.e., initials and date of birth only.
- If the meeting has taken place face to face all reporting will need to be shared on a secure network. This is the responsibility of all parties involved.
- Notes will be shared with the SUDC nurse lead and may form part of the response to the coroner.

8. 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.

As part of the Child Death Review process, the SUDC Nurse will arrange a Child Death Review Meeting. This is arranged upon receipt of the post-mortem report and should be held prior to the Inquest. All professionals involved with the JAR/Contagion Meetings will be invited. Learning from the case will be identified and actions and recommendations made. Information discussed at this meeting will be shared with the coroner in preparation for the Inquest and will be shared with CDOP in the form of a Draft Child Death Review Analysis Form.

Following a CCPRG meeting the Public lead will provide a briefing to the following:

- Director of Public Health

Where any lessons are learned, feedback will be provided to the Lancashire and South Cumbria ICS Suicide Prevention Oversight group meetings.

9. Review of Protocol

This protocol will be reviewed annually by the Local Authority Public Health leads and the SUDC team.

10. Appendices

Appendix 1: Terms of Reference

Terms of Reference

Community Contagion Prevention Response Group (CCPRG)

1. Background and Purpose

The role of the CCPRG is to coordinate actions focused on preventing mental distress by reducing risks and the development of a contagion, or any further deaths by suicide 'contagion'.

Actions will be informed by the best available evidence, lessons learnt, enhanced surveillance and stakeholder views.

2. 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.

3. Membership:

See section 5.1 of the Suicide Contagion Protocol

4. Chair:

Chair: Public Health Suicide Prevention Lead or Public Health representative

5. Confidentiality and Information Governance

It is the responsibility of each participant to ensure when partaking in the meeting they are situated in a confidential and safe space for discussion.

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. (See Appendix 5 - Suicide Contagion Protocol).

6. Administrative Support

Actions from the meetings along with the information gathering tool will be circulated to all members of the group after each meeting.

7. Frequency of Meetings

The group is time-limited and will meet as and when necessary, until step down has been agreed by consensus of the group.

8. Other Responsibilities

If a member is invited and unable to attend they are expected to provide representation.

Members of the Group are required to feedback actions, outcomes 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 down.

9. Accountability

- Lancashire Safeguarding Children Partnership Board
- Child Death Overview Panel
- Suicide Prevention Oversight Group

Appendix 2: Suggested Agenda for the initial CCPRG Meeting

**CYP Suspected Suicide
Community Contagion Prevention Response Group (CCPRG)
[Date], [Time]
[Location/MS Teams]
[PH Lead - Chair]
All meetings need to be accurately recorded**

1. Welcome, introductions, and apologies
2. Confidentiality and Information governance
3. Terms of Reference and purpose of group
4. Background to incident
5. Update from Joint Agency Response (JAR) meeting – invite colleagues for any relevant updates
6. Circles of vulnerability for community settings (i.e., scouts/dance groups)
7. Summary of agreed actions or controls to be taken to further reduce contagion risk
8. Media & Communications
9. Discuss and agree the frequency of further meetings
10. Date time and venue for next meeting

Appendix 3: Support and Useful Resources

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

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 [Schools Guide Resource - Papyrus UK | Suicide Prevention Charity \(papyrus-uk.org\)](https://papyrus-uk.org/schools-guide-resource)

The Critical Incident Resource

In response to the Manchester Bombing on 22nd May 2017 the Department for Education has provided funding to the North West psychology service. The funding was provided to develop resources when a critical incident occurred. [HOME | mcir \(tciresource.co.uk\)](https://mcir.tciresource.co.uk)

The resources link is here to access '[Useful Links and Resources](#)'

This resource is intended to be used by both Educational Psychology Services and school staff (e.g. Senior Leadership Team, Special Educational Needs and Disability Coordinators). The expectation is that school staff will use this resource under the direction of their link Educational Psychologist, to ensure that it is used appropriately and that the well-being of all accessing this resource is maintained.

National Confidential Inquiry Report on Suicide of CYP

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.

National Child Mortality Database (NCMD)

Published (October, 2021) Suicide in Children and Young People. [NCMD-Suicide-in-Children-and-Young-People-Report.pdf](https://www.ncmd.org.uk/children-and-young-people-report)

Appendix 4: Essential crisis numbers

	Safe and anonymous online counselling and support for young people	Kooth.com Available weekdays: 12pm-10pm Weekends: 6pm-10pm
	Support for young people dealing with suicide, depression or distress. Language Line available	Papyrus-uk.org.uk Hopeline: 0800 068 41 41 Text: 07786 209697 Weekdays: 10am-10pm Weekends: 2pm-10pm
	Wellbeing Helpline and Texting Service-Freephone out of hours, person centred listening environment for people requiring emotional support in relation to their own mental health or that of someone they know.	www.Lscft.nhs.uk/Mental-Health-Helpline 0800 915 4640 Weekdays: 7pm-11pm Weekends: 12pm-Midnight
	Guidance and support related to children and young people's mental health and emotional wellbeing.	www.Healthyyoungminds.lsc.co.uk
	Offers support for any affected by suicide in Lancashire	www.Amparo.org.uk 0330 088 9255 Local Liaison Workers aim to make initial contact within 24 hours of a referral being made.
	Whatever you're going through, call us free any time, from any phone	www.Samaritans.org . Any time, day or night 116 123
	Text SHOUT to 85258. You will receive 4 automated text messages before being connected to a volunteer who will listen (often within 5 minutes)	Free, 24/7 mental health text support in the UK Shout 85258 (giveusashout.org)

Appendix 5: Safeguarding

Article 6 of GDPR says we must have a legal basis for sharing personal information and this can be one of 6 things:

Art 6 (1) a Consent: the individual has given clear consent for you to process their personal data for a specific purpose.

Art 6 (1) b Contract: the processing is necessary for a contract you have with the individual, or because they have asked you to take specific steps before entering into a contract.

Art 6 (1) c Legal Obligation: the processing is necessary for you to comply with the law.

Art 6 (1) d Vital Interests: the processing is necessary to protect someone's life.

Art 6 (1) e Public Task: the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law.

Art 6 (1) f Legitimate Interests: the processing is necessary for the purposes of the legitimate interests pursued by the data controller (subject to specific conditions)

You can share confidential information without consent if it is required by law, or directed by a court, or if the benefits to the individual that will arise from sharing the information outweigh both the public and the individual's interest in keeping the information confidential.

Organisations need to share safeguarding information with the right people at the right time in the following circumstances which would meet either the vital interest, public interest, official authority or legal obligation conditions above:

- prevent death or serious harm
- coordinate effective and efficient responses
- enable early interventions to prevent the escalation of risk
- prevent abuse and harm that may increase the need for care and support
- maintain and improve good practice in safeguarding adults
- reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse
- identify low-level concerns that may reveal people at risk of abuse
- help people to access the right kind of support to reduce risk and promote wellbeing
- help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour

You need to refer to the legislation which underpins your area of work, which I'm guessing is the Care Act (2014) or similar to check what information you must share (and therefore have a legal obligation to do so) and what information you may share (which would be an example of official authority or a legal power).

Article 9 of GDPR says that if the personal data in question includes special category personal data (racial, ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, and the processing of genetic data, biometric data

for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation), we must have an additional legal basis for sharing the information. This can be one of the following things:

Art 9 (2) a The data subject has given explicit consent to the processing of this personal data.

Art 9 (2) b Processing is necessary for the purposes of carrying out the obligations and exercising specific rights of the controller or of the data subject in the field of employment and social security and social protection law

Art 9 (2) c Processing is necessary to protect the vital interests of the data subject or of another natural person where the data subject is physically or legally incapable of giving consent.

Art 9 (2) d Processing is carried out in the course of its legitimate activities with appropriate safeguards by a foundation, association or any other not-for-profit body with a political, philosophical, religious or trade union aim.

Art 9 (2) e Processing relates to personal data which is made public by the data subject.

Art 9 (2) f Processing is necessary for the establishment, exercise or defence of legal claims or whenever courts are acting in their judicial capacity.

Art 9 (2) g Processing is necessary for reasons of substantial public interest.

Art 9 (2) h Processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services.

Art 9 (2) i Processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices.

Art 9 (2) j Processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes.

An applicable article 9 lawful basis for processing is **Art 9 (2) g** Processing is necessary for reasons of substantial public interest.

The *substantial public interest condition* is set out at **Schedule 1 Part 2 Para 18 of the Data Protection Act (2018)**; *safeguarding of children and of individuals at risk*.

- 4 (1) This condition is met if—
- (a) the processing is necessary for the purposes of—
 - (i) protecting an individual from neglect or physical, mental or emotional harm, or
 - (ii) protecting the physical, mental or emotional well-being of an individual,
 - (b) the individual is—
 - (i) aged under 18, or
 - (ii) aged 18 or over and at risk,
 - (c) the processing is carried out without the consent of the data subject for one of the reasons listed in sub-paragraph (2), and
 - (d) the processing is necessary for reasons of substantial public interest.
- (2) The reasons mentioned in sub-paragraph (1)(c) are—
- (a) in the circumstances, consent to the processing cannot be given by the data subject;
 - (b) in the circumstances, the controller cannot reasonably be expected to obtain the consent of the data subject to the processing;
 - (c) the processing must be carried out without the consent of the data subject because obtaining the consent of the data subject would prejudice the provision of the protection mentioned in sub-paragraph (1)(a).
- (3) For the purposes of this paragraph, an individual aged 18 or over is “at risk” if the controller has reasonable cause to suspect that the individual—
- (a) has needs for care and support,
 - (b) is experiencing, or at risk of, neglect or physical, mental or emotional harm, and
 - (c) as a result of those needs is unable to protect himself or herself against the neglect or harm or the risk of it.
- (4) In sub-paragraph (1)(a), the reference to the protection of an individual or of the well-being of an individual includes both protection relating to a particular individual and protection relating to a type of individual.

Appendix 6: Information Gathering Tool template

	Name of Young Person	Date Of Birth	NHS number	Home Address	Risk RAG Rated	Open to Services Yes/No	Contact Details	CSC*	CFW Early Help*	CAMHS/ ELCAS*	RAG Management	Action Taken
1						Y/N						
2												
3												
4												
5												
6												

**The range of services may differ in relation to the area. All other columns will remain the same.*

Red, Amber, Green (RAG) Rating for reference:

Red	High Risk
Amber	Medium Risk
Green	Low Risk

Appendix 7. References and Further Information

1. National Confidential Inquiry into Suicide and Safety in Mental Health (2017) Suicide by Children and Young People [NCISH | Suicide by children and young people - NCISH \(manchester.ac.uk\)](https://www.ncish.ac.uk/suicide-by-children-and-young-people)
2. House of Commons Library (January, 2022) Suicide prevention: Policy and strategy [Suicide prevention: Policy and strategy - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/publications/190620/summary/190620-s00001)
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Public Health Outcomes Framework: Suicide prevention profiles [Suicide Prevention Profile - OHID \(phe.org.uk\)](https://www.phe.org.uk/outcomes-framework/suicide-prevention-profiles)

National Suicide Prevention Alliance: Resources [Resources Archive - NSPA](https://www.nspa.org.uk/resources)

Zero Suicide Alliance: Training [Free online training from Zero Suicide Alliance](https://www.zerosuicidealliance.org.uk/training)

Health Education England: Suicide and self-harm prevention frameworks and e-learning [North West Centre for Professional Workforce Development - Suicide Prevention \(nwcpwd.nhs.uk\)](https://www.nwcpwd.nhs.uk/suicide-prevention)

Appendix 8. Version Control

Version	Date	Requested By	Position	Change	Page Number	Section	Amended By
10	10/5/22	Louise Burton		Include Primary Care in the membership	6	5.1	MD
10	10/5/22	Louise Burton		Amend comment of PH to maintain meeting notes	8	5.4	MD
11	24/06/22	Observations from use and agreed with PH MH Leads and SUDC	Public Health Specialist	Updated based upon recent experience of protocol use: Membership to be based on JAR; Document title to include the term 'prevention'.	6 1	5.1	CL
14	16/09/2022	Observation and reflection from practice	Public Health	Information Sheet	Appendix 7		CL/MD
15	30/09/2022	Observation and reflective practice Joanne Birch	SUDC	Various updates and comments	Various		MD
16	03/10/2022	Email Update	PH – Blackpool	Email contact	3	3.0	MD
17	06/10/22	FR	PH - Blackburn	Comments made in red	various		FR
18	10/10/22	TOR	Sr PH Co-ordinator	TOR added	Appendix 1		MD