

DSCP Post Suicide Intervention Protocol following a suspected Child Suicide

1. Introduction

A child suicide is a rare event, however when it does occur the impact of it can be widespread, and 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. 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. If a child death notification indicates a known or potential suicide Public Health will be alerted to convene a contagion response meeting within 48-72 hours of the child's death.

2. The Multiagency Contagion Response Group

The lead agency for responding to any potential contagion in Doncaster is Public Health. If a child death notification indicates a known or potential suicide Public Health will be alerted to convene a contagion response meeting within 48-72 hours of the child's death.

2.1 Contagion Response Group Membership

Doncaster Children's Services Trust

DMBC Public Health, DMBC Learning & Opportunities Children and Young People,

DMBC Communications Lead

Doncaster Bassetlaw Teaching Hospital Foundation Trust

Rotherham Doncaster and South Humber Foundation Trust CAMHS and School Nurses

School(s) Head Teacher / Deputy Head Teacher

Doncaster Clinical Commissioning Group

South Yorkshire Police

2.2 Purpose of the Group

The purpose of the group is to coordinate actions which are focussed on preventing mental distress and prevent any further deaths by suicide 'contagion'. The group will identify and ensure that appropriate and targeted support is available for communities and populations most likely to be impacted by the recent death. It will also ensure that agencies are communicating effectively and that best practice is being

adopted with regard to post suicide prevention and support. It is important to emphasise that the group is about collaboration and not blame. All agencies become mutually accountable for delivery of a common goal to which they were all committed: to prevent suicide contagion.

2.3 Terms of Reference

Terms of reference (TOR) for the multiagency contagion response group ensure clarity regarding the overall purpose of the response group, its membership and accountability. A draft set of TOR will 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 3** for sample TOR.

2.4 Location of Meetings

The location of the contagion response group meetings should be considered carefully. If possible, it is advised that the meetings take place within the school. Not only is this supportive and helpful for the teachers and staff who are at the centre of dealing with a child death and further vulnerable children as a result, but it also provides a neutral meeting ground for all other organisations involved within the response. It is recommended that all members attend the meetings physically, however 'dial in' facilities should also be available should a member find it problematic to attend.

2.5 Chair of the Group

There should be a nominated chair of the group (e.g. Public Health Consultant/ Suicide Prevention Lead)

There is also the option of having a co-chair.

2.6 Preparing for the First Meeting: Information Required

The Chair of the group should send out the invitations to the first meeting, along with the TOR (see **appendix 3**) and some background information on the Circles of Vulnerability model (**appendix 5 and 6**).

It is important that a school representative (e.g. head teacher or deputy head teacher) is able to attend the first meeting with information and intelligence regarding any young person who may be vulnerable, so that efforts can be made to identify and provide any support needed without delay. Information regarding family members (including siblings and extended family) and any social connections and groups that the schoolchild had (including close friends, boy/girlfriends, social media connections/activity, extracurricular clubs, church or other community affiliations, hobbies/interests of the school 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). This information may also come from police.

2.7 The First Meeting

The first meeting should ideally be held within two working days of the child death notification, and in a carefully considered location (see **section 2.4**). It is important that all organisations are represented at the

first meeting (see **section 2.1**). The chair should give members an opportunity to identify whether a specific organisation or person is missing from the core group membership.

See **appendix 4** for a sample agenda for the first meeting.

In the first meeting, following introductions of all members, the chair of the group should provide some background information on the incident and explain why the contagion response has been convened. The chair should then also go through the TOR and ensure that all members of the group are in agreement. Where agreement is not met, amendments should be made to the TOR as soon as possible and then re-circulated to the group at the earliest opportunity.

2.7.1 Confidentiality and Information Governance

The information governance procedures should be explained and agreed by all members. It is advised that 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 are 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.

2.7.2 Circles of Vulnerability Mapping

The Circles of Vulnerability Model is a systematic approach to identifying vulnerable groups and communities who are most at risk of suicide contagion and features in the national guidance 'Identifying and Responding to Suicide Clusters and Contagion'. Once vulnerable groups are collectively identified, the model then enables the group to capture action that has already been taken, what further action is needed and what respective organisations are committed to doing. The model is based on the idea that every suicide is like a stone cast into a pool of water – ripples spread out across the pool all the way to the edge, but the effects are larger closer to the point of impact. The original model consisted of three intersecting circles of risk: geographical, psychological, and social proximity. Due to similarities and cross-overs, the psychological and social domains have been combined to form 'psychosocial proximity'.

The Circles of Vulnerability should become an on-going mapping process for the duration of the contagion response. A nominated person (e.g. from public health) should be responsible for capturing and updating the correct information and then sharing this with the group after the meetings. It is advised that any confidential information (e.g. names) is excluded from the Circles of Vulnerability matrix.

Vulnerable groups to consider include:

- Home educated children
- Gender fluid children

- Social groups/clubs
- Social media contacts/groups

A blank Circles of Vulnerability matrix can be found in **appendix 5**.

2.7.3 Identification of Individuals at Risk

As noted in **section 2.6** the school(s) should have prepared a list of potentially vulnerable individuals for the first meeting. It is then the responsibility of the group to go through each individual and accurately capture the following:

- Full name
- Known aliases
- Date of birth
- Address
- Contact number
- GP
- School
- Reason for inclusion on list (eg close friend, sibling, school concern, CAMHS concern)
- Open to CAMHS (yes, no)
- Name of Care Coordinator
- Issues/status (e.g. previous self-harm, previous suicide attempt, anxiety, gender identify, school refusal, parental concerns).
- CAMHS history
- Contact made with individual following the death – date of contact and brief notes.
- Risk level of self-harm
- Risk level of suicide
- Actions noted 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**; this can then be copied and pasted into Microsoft Excel for data entry.

2.8 Social Media

With modern communications, the contagion effect may not simply be among those who attended the same school, or lived in the same town or village: connections via social media are very important to consider. Any relevant social media connections should be considered when working through the Circles of Vulnerability matrix. The police may or may not have information following their interrogation of devices in terms of social media and therefore any potential vulnerable groups or individuals. This will be dependent on the status of the investigation.

In terms of the multi –agency response 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.

2.9 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. 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.

2.10 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.

2.11 Duration of Response

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.

2.12 When and How to Step Down the Response

The contagion response should only be stepped down when it is agreed by all members of the response group that there is no longer evidence of continuing contagion, and that all individuals who were identified as being at risk have been appropriately safeguarded.

Following that decision a stepping-down strategy should then 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.¹¹

3. Learning and Reflection Debrief

During the meeting where a decision is made to step down the contagion response, a date should be set for a learning and reflection debrief meeting. All organisations must make every effort to attend and contribute in providing feedback. The aim of the debrief session is to focus on what was done well and where improvements can be made. The group should consider whether the option of having an externally facilitated session would be beneficial in terms of creating a useful opportunity for reflection and comment, a unanimous decision should be made. The themes and comments from this meeting should be captured and written up as an evaluation report along with a series recommendations based on the learning. The evaluation report should then be shared with the Group for wider dissemination where appropriate within each organisation.

Appendix 1: Contagion Response Group Checklist

<p>Named contacts</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Identify named public health person who will convene the contagion response. <input type="checkbox"/> Identify names from each key organisation who would be contacted when a contagion response is to be convened.
<p>Prior to First Meeting</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Make contact with School and signpost to helpful resources (public health or school safeguarding lead) <input type="checkbox"/> Make contact with other local schools and signpost to helpful resources <input type="checkbox"/> Set date and time convenient with school for the first contagion response meeting <input type="checkbox"/> Ask School(s) to prepare a list of vulnerable individuals <input type="checkbox"/> Notify agencies of meeting and circulate terms of reference and Circles of Vulnerability via email
<p>The First Meeting</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agree terms of reference <input type="checkbox"/> Information governance and confidentiality <input type="checkbox"/> Explain purpose and aims of the response and group <input type="checkbox"/> Circles of Vulnerability mapping <input type="checkbox"/> Identification of vulnerable individuals <input type="checkbox"/> Agree on frequency of meetings <input type="checkbox"/> Date, time and location of next meeting <input type="checkbox"/> Minutes, Circles of Vulnerability and vulnerable individual's list to be sent out to Group members at earliest opportunity for follow up. <input type="checkbox"/> Identify agency communication leads to engage with media
<p>Throughout the Response</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Ongoing mapping of vulnerable groups and individuals and follow up of actions <input type="checkbox"/> Maintain communications and media links <input type="checkbox"/> Social media vigilance <input type="checkbox"/> Ensure that additional support is in place for date of funeral if necessary <input type="checkbox"/> Effective communication and data sharing between agencies
<p>Stepping Down Process</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The Group is confident that the risk of contagion has reduced <input type="checkbox"/> All vulnerable individuals are rated as green and appropriate support in place <input type="checkbox"/> Agreement from Group that recommendation should be made to step down <input type="checkbox"/> Chair to provide recommendation to Safeguarding on stepping down to LSCB <input type="checkbox"/> Ensure that Group can be reconvened if necessary <input type="checkbox"/> Agree on date for learning and reflection debrief session

Learning and Reflection

- Reflection and comments on what went well
- Reflection and comments on what could be improved
- Production of an evaluation report with recommendations
- Update the contagion response protocol accordingly
- Sharing of lessons learnt

Appendix 2: Sample email to convene a contagion response

A sample email which should be sent out along with an outlook calendar meeting request.

Dear Colleagues,

Sadly, as you may already be aware, we have been alerted to a suspected child suicide in [location].

In accordance with the contagion response protocol, a multiagency response is being convened to coordinate actions needed to address and mitigate the risk of contagion and community mental distress, to ensure targeted support is available to those impacted by the death, and to ensure effective agency communication.

The contagion meeting will be held on [date and time] at [location]. It is important that every effort is made to attend.

Many Thanks

[Name and Contact Details]

Appendix 3: Sample Terms of Reference

Terms of Reference

[Location] Suicide Response Group
(Convened [Date])

1. Name of Group:

[Location] Multiagency Suicide Response Group

2. Background and Purpose

The Group was set up following notification from Local Children Safeguarding Board multi-agency Rapid Response meeting on [date] following the suspected suicide of [full name] on [date].

The role of the Group is to coordinate actions focused on preventing mental distress, and preventing further deaths by suicide 'contagion'. Actions will be informed by the best available evidence, lessons learnt, enhanced surveillance and stakeholder views.

3. 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.

4. Membership

Representatives from the following organisations:

Doncaster Children's Services Trust

DMBC Public Health, DMBC Learning & Opportunities Children and Young People,

DMBC Communications Lead

Doncaster Bassetlaw Teaching Hospital Foundation Trust

Rotherham Doncaster and South Humber Foundation Trust CAMHS and School Nurses

School(s) Head Teacher / Deputy Head Teacher

Doncaster Clinical Commissioning Group

South Yorkshire Police

5. Accountability

Doncaster Safeguarding Children Partnership

6. Chair and Co-chair

Chair: [Name], [Public Health Theme Lead] Public Health, (DMBC)

Co-chair: [Name], [Job Title], [Organisation]

7. 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.

8. Administrative Support

Administrative support in the form of minute taking and distribution will be provided by DMBC Public Health.

Minutes of the meetings and the circles of vulnerability mapping will be circulated to all members of the group and to the Doncaster Safeguarding Children Partnership following each meeting.

9. Frequency of Meetings

The Group is time-limited and will meet as necessary.

The decision to close down will be made by the Doncaster Safeguarding Children Partnership, advised by the Group.

10. 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 down.

Appendix 4: Sample Agenda for First Meeting

[Location] Suicide Contagion Response Group

[Date], [Time]

[Location]

1. Welcome, introductions, and apologies
2. Background to incident
3. Terms of Reference and purpose of group
4. Information governance and confidentiality
5. Identification of vulnerable individuals
6. Circles of vulnerability mapping
7. Summary of agreed actions
8. Discuss and agree on frequency of meetings
9. Date time and venue for next meeting

Appendix 5: Blank Circles of Vulnerability Matrix

Vulnerable group or individual	Description and level of risk	What has been done/in place to help this group or individual	What remains to be done (and by whom)	Other comments
Geographical Proximity (those discovering or exposed to immediate aftermath of event)				
Psycho-Social Proximity (level of identification to the victim, relationships and connections)				

