

South East suicide prevention & postvention

Listening with care to the voices of children our system hadn't previously heard

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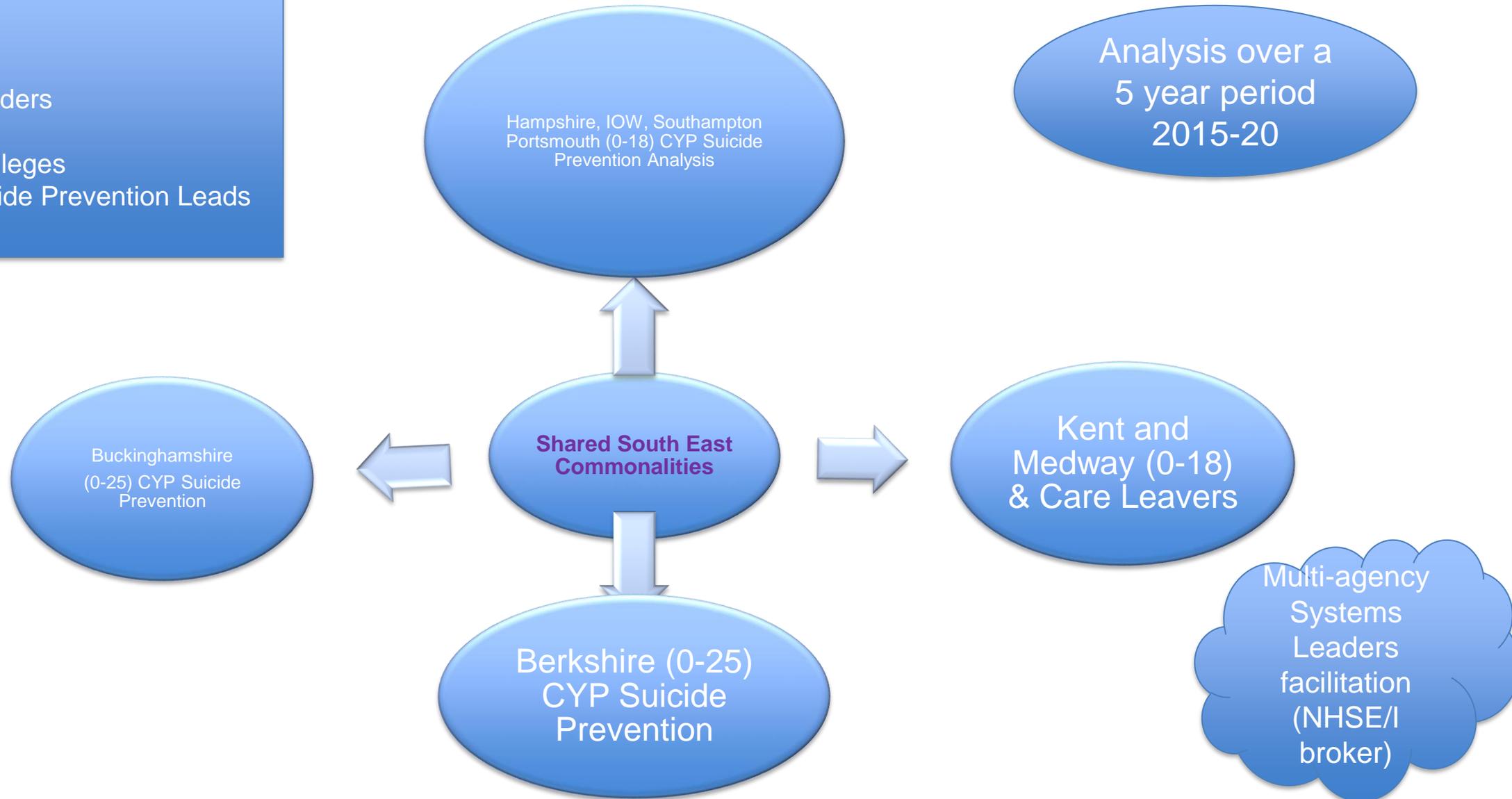
# Our wider strategic context

## The picture

- Suicide overall remains relatively low in the UK
- Nonetheless, it is the leading cause of death in young people in the UK, accounting for 14% of deaths in 10-19 year olds and 21% of deaths in 20-34 year olds.
- ICS Suicide Prevention focus tended to be Adult Centric in the South East
- There were opportunities through investment in real-time surveillance and our wider work to integrate Safeguarding and CYP MH more closely, to consider CDOP JAR functions & Learning Reviews (SCRs)
- Local ICS leaders were requesting local (independent) analysis – led by NHSE/I

Partnership with:

- Coroners
- Public Health
- Social Care
- CCGs & Providers
- Police Forces
- Schools & Colleges
- STP/ICS Suicide Prevention Leads



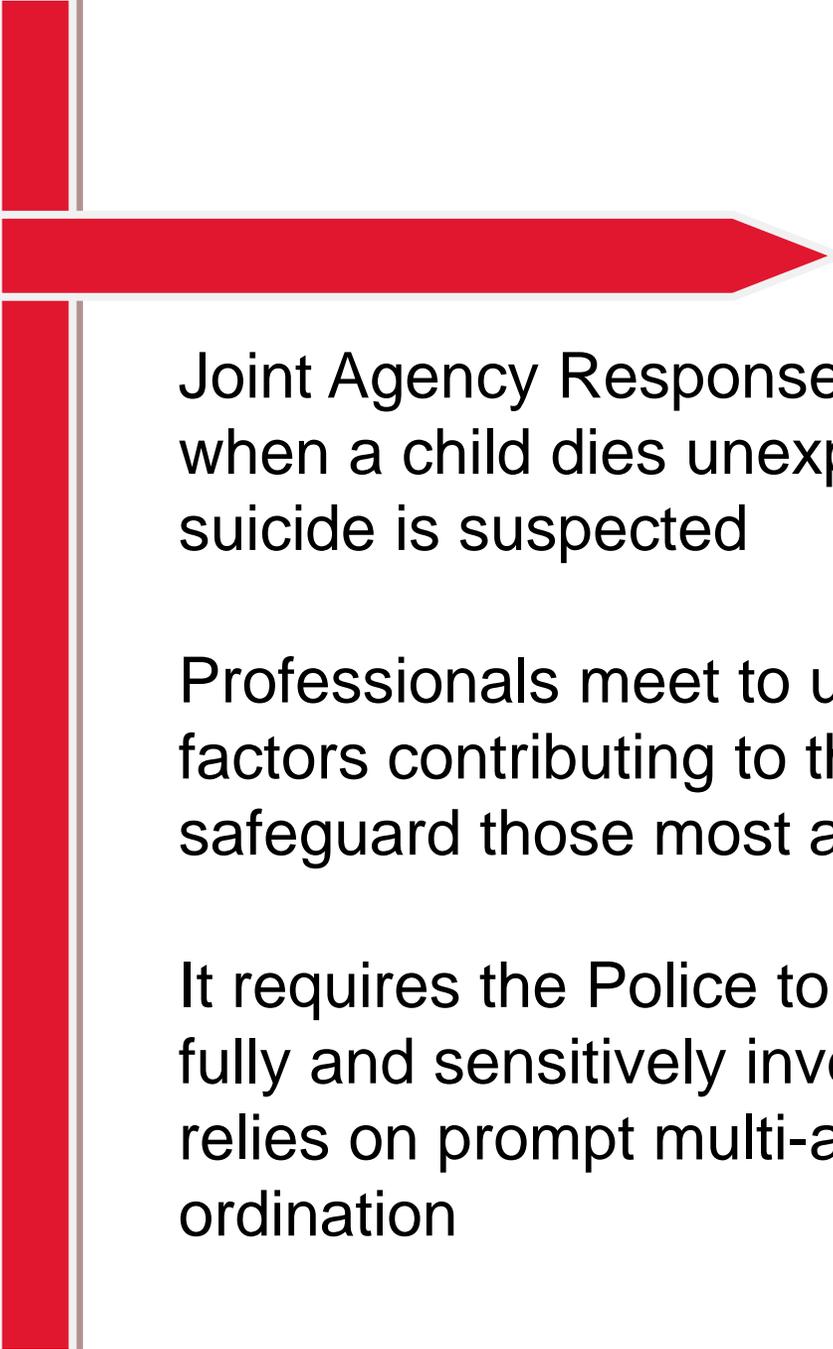
- SEN and academic pressure – dyslexic children and children with wider SEN needs being vulnerable in times of academic pressure
- Neuro-diversity - Autism wait times for diagnosis, with little preventative support – but a potential ‘systems diverter’
- 70% overall experienced trauma and adversity
- Previous bereavement and self-harm was evident for some
- Previous self-harm and suicide attempts – query postvention support
- CDOP and JAR variability – led to Safeguarding Board & Independent Scrutiny recommendations

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# The crucial findings across the South East

## We need to think again

- System intelligence, and trust, regarding Equality and Diversity was missing
- Key vulnerabilities linked to social exclusion and marginalisation – the ‘othering’ affect – which was previously invisible, a specific focus on:
  - ❑ Neuro-diversity
  - ❑ Our community of colour (BAME)
  - ❑ Our rainbow community (LGBTQ+)
  - ❑ The interface with faith and belief (loss of belonging, hidden networks or both support and exclusion)
- We weren’t asking the questions – what do we say?
- New questions for the Police, Health, Social Care within first 24-48 hours of loss to suspected suicide – targeting postvention support
- ZSA training sent out to the multi-disciplinary workforce across SE



Joint Agency Response (JAR) is usually triggered when a child dies unexpectedly, including where suicide is suspected

Professionals meet to understand the cause and factors contributing to the death, co-ordinate support, safeguard those most affected and learn lessons

It requires the Police to appoint a lead investigator, to fully and sensitively investigate the circumstances and relies on prompt multi-agency information sharing/co-ordination

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# The questions we now ask

- The questions we're asking together have changed (based on this learning and co-design with Police, health and social care frontline staff) to include:
  - **Whether the child is subject to child protection planning or supportive intervention? Whether the child was in care or was recently a care leaver?**
  - **Whether the child has a learning difficulty or SEND need?**
  - **Whether the child was open to CAMHS (Child Adolescent Mental Health Service) or other mental health provisions?**
  - **Have there been previous attempts of suicide, or concerns regarding self-harm or suicide ideation?**
  - **What is the child's ethnicity, faith or cultural heritage?**
  - **Has the child expressed any personal feelings concerning their sexual orientation and/or gender identity?**

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# How does that help us support loved ones and friends?

- These questions are likely to help the chair of the JAR to identify an appropriate keyworker, a single named point of contact who will be available to those most affected by the loss
- It helps us ensure specific support services are available to those most affected and reduce the likelihood of further harm or loss of life- the keyworker is accessible to signpost those affected to sources of support.
- They are also expected to be the families voice amongst other professionals which may prove useful to schools as they attempt to provide bereavement support to the child's friends, peers and school/college/university communities.

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# Why it matters

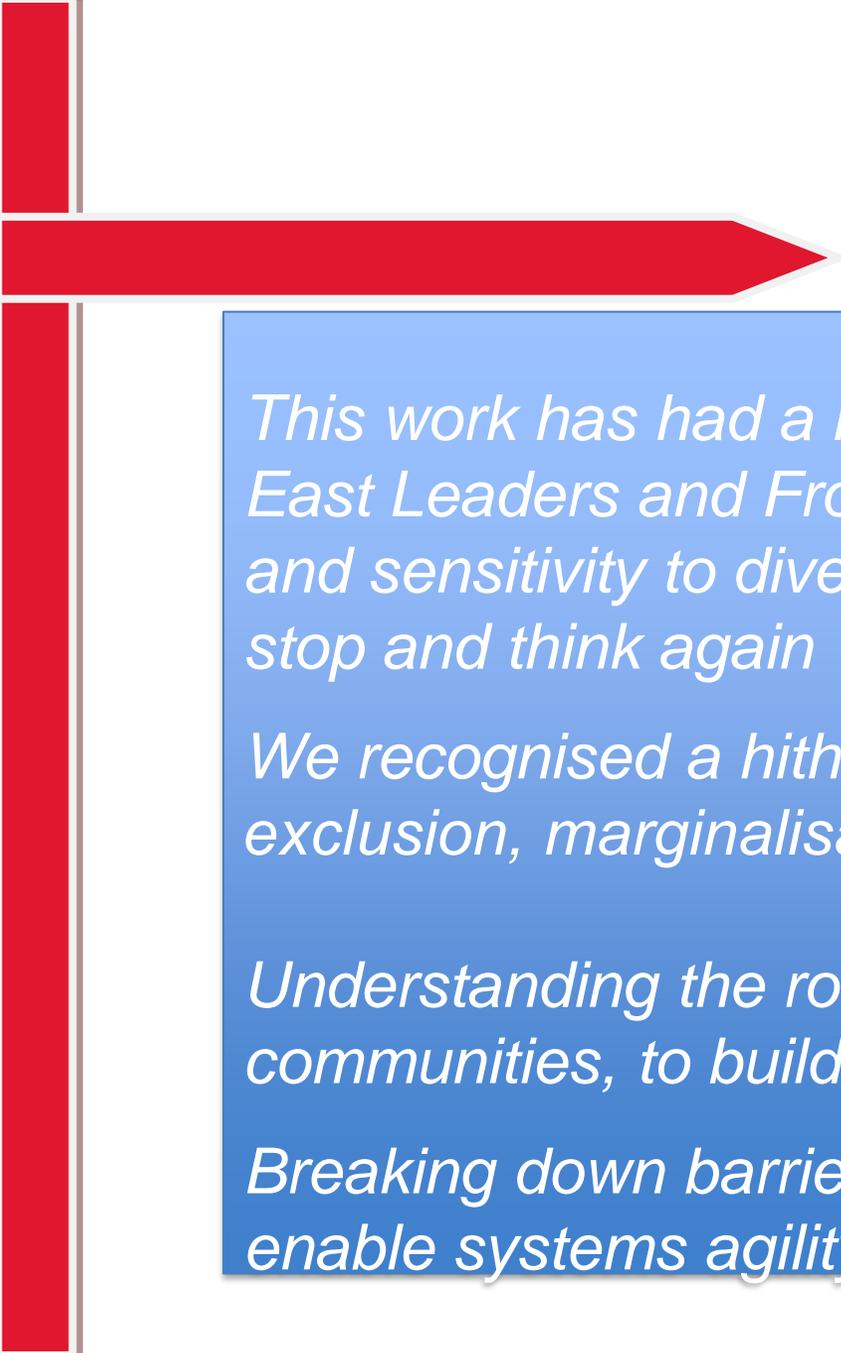
## Developing emotional intelligence as a system – building trust

- Changes were implemented by the first Police Force (Hants) and Named Nurses providers (HLOW) within 7 days of Board agreement – significant partnership momentum. (*Other Police Forces quickly followed suit*)
- This enables to understand who has been affected and how; to target postvention support for the ‘significant others’ affected by the loss (who are c.40% more likely to develop suicidal ideation)
- CDOP & Independent Scrutiny changes (improving understanding, changing commissioning/service design).
- ICS impact was tangible – CYP Suicide Prevention Strategies emerged – in one area community investment in suicide prevention and postvention support led by those our children and community trust (e.g. BAME, LGBTQ+).

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# The change that has followed nationally

- The questions being rolled out now by the National College of Policing across England (following discussion with ACPO representatives)
- Changes have been adopted all-age in the South East (adult & child)
- Zero Suicide Alliance training accessed by thousands of members of the workforce in SE – ZSA training looks likely to change in light of SE learning
- Dialogue with Tammy Coles (Head of MH, PHE)
- Publication by Bristol University NCMD publication and Prathiba Chitsebesan (Chair of the national Clinical Reference Group):
  - ❖ Exploring national child mortality data – to ask the equality and diversity questions that we have identified (the impact of exclusion/marginalisation)
  - ❖ The potential to invest in community partnership (BAME, LGBT+, SEND)
  - ❖ Understanding further hidden impact of faith and belief (post IICSA)



## Final Thoughts

*This work has had a notable impact on our multi-professional South East Leaders and Frontline workers – building emotional intelligence and sensitivity to diversity was crucial – it impacted all of us. We had to stop and think again*

*We recognised a hitherto hidden picture – a picture in which social exclusion, marginalisation and ‘othering’ was having tangible impact*

*Understanding the role of faith and belief – the potential to partner in communities, to build trusted support (preventative and postvention)*

*Breaking down barriers between safeguarding and mental health to enable systems agility*



Healthier  
**Lancashire &  
South Cumbria**

## **Benefits of RTS – ‘Real Time Learning’**

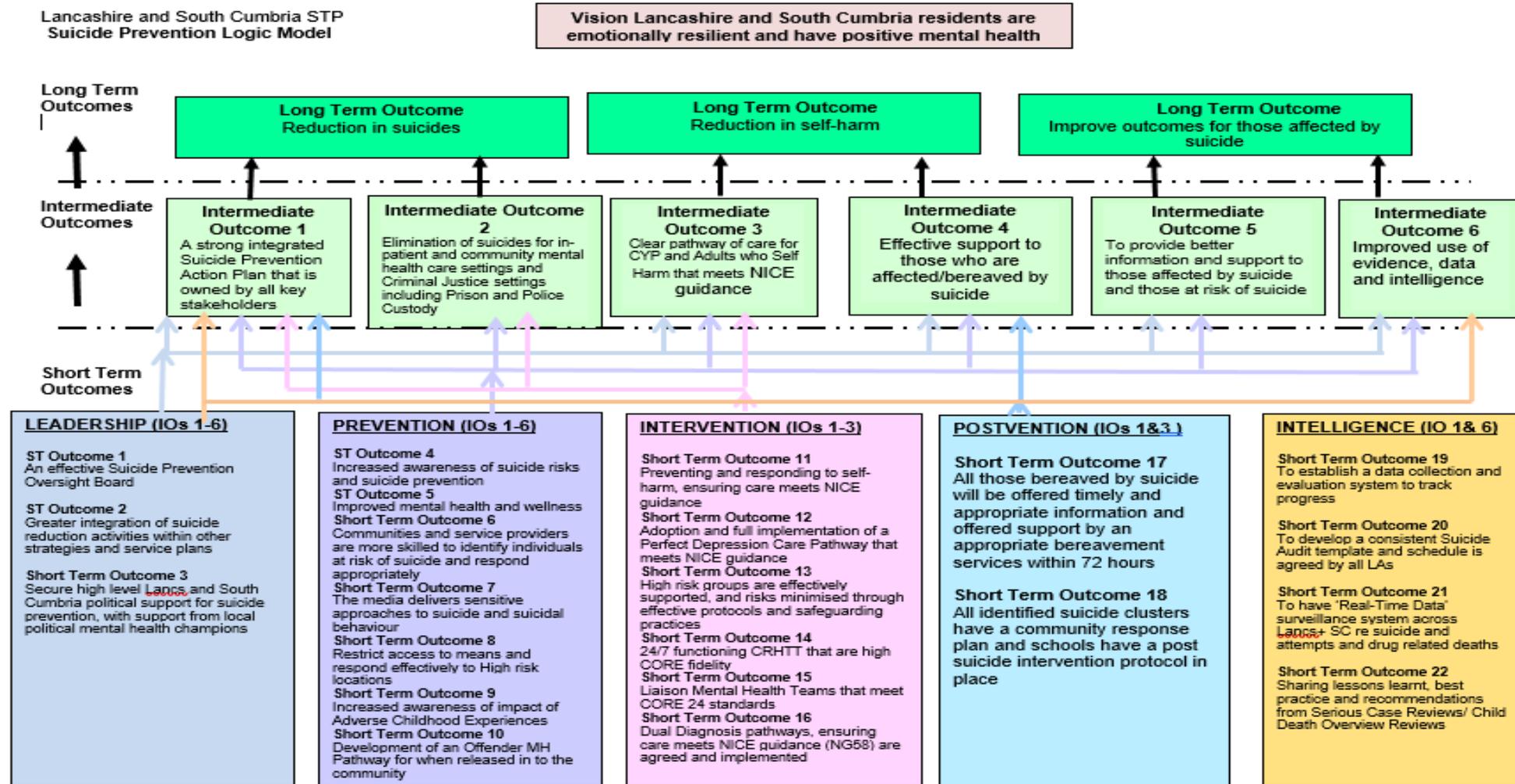
**CYP –Suicide Prevention Shared Learning Event.  
Wednesday 12<sup>th</sup> May 2021**

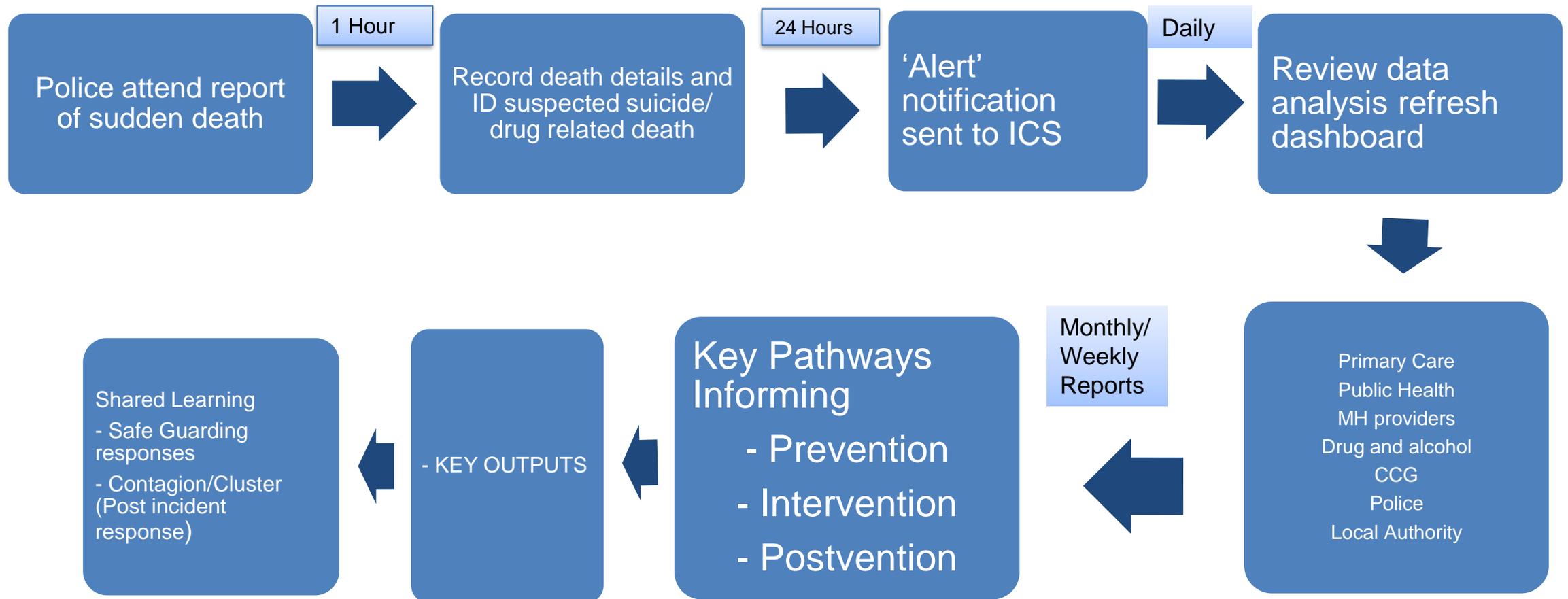
**Louise Thomas – North West Coast Clinical Network Programme Manager  
Neil Smith – Senior Advisor, North West Coast Clinical Network  
Russel Clarke – Deputy Head Teacher, Haslingden High School**

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- ICS Leadership
- Multi Agency Governance
- Real Time Surveillance Established
- Strong Links with Children's Safeguarding and CDOP
- Real Time intelligence led response capability
- Early Learning culture

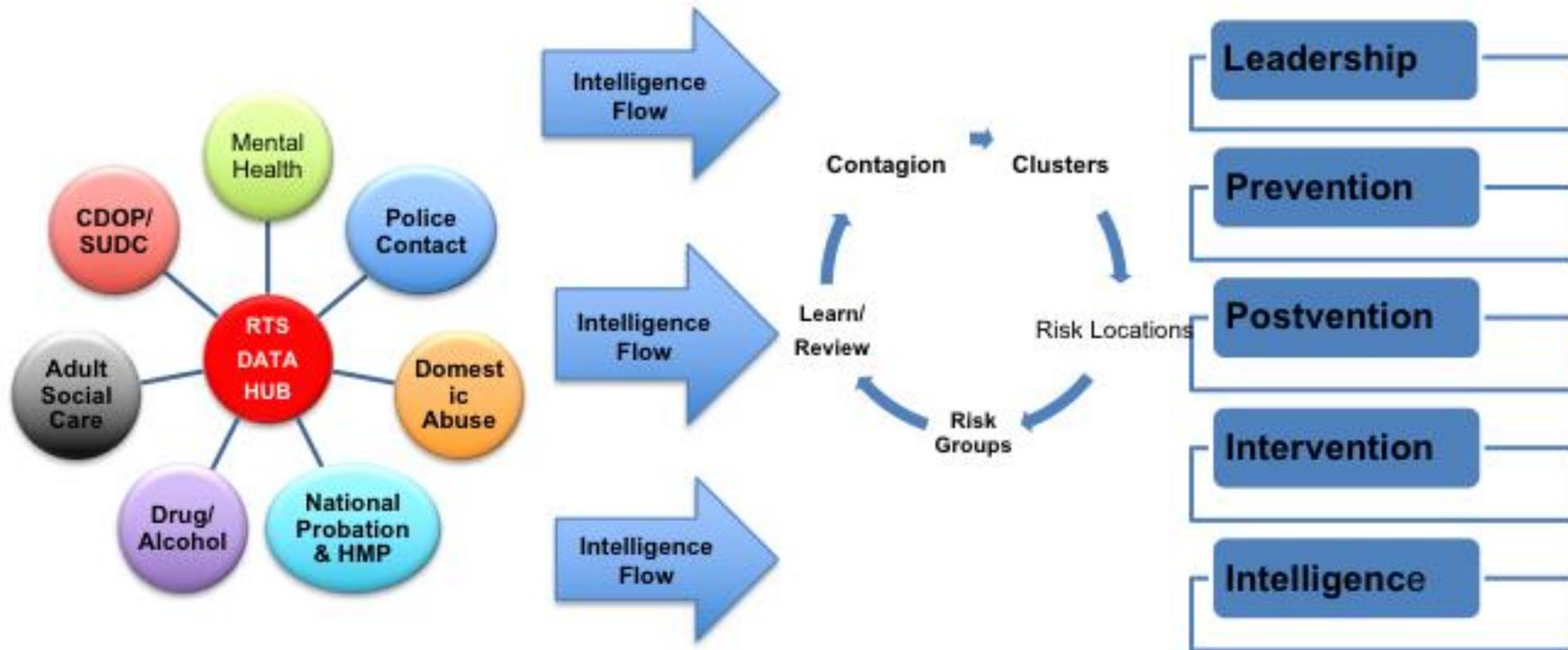
# ICS LOGIC MODEL ACTION PLAN





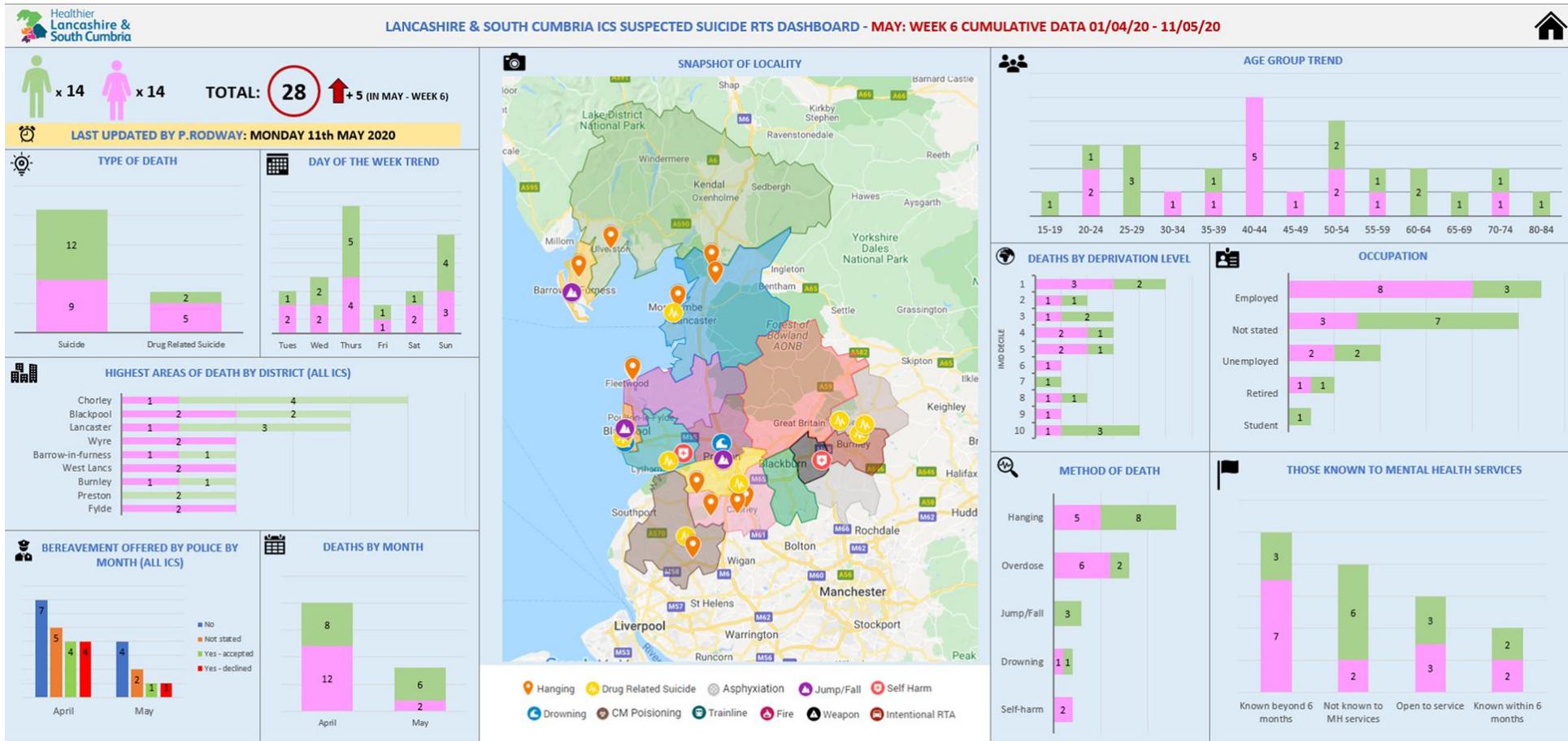
# Real Time Surveillance- Data Connectors and Flow Model

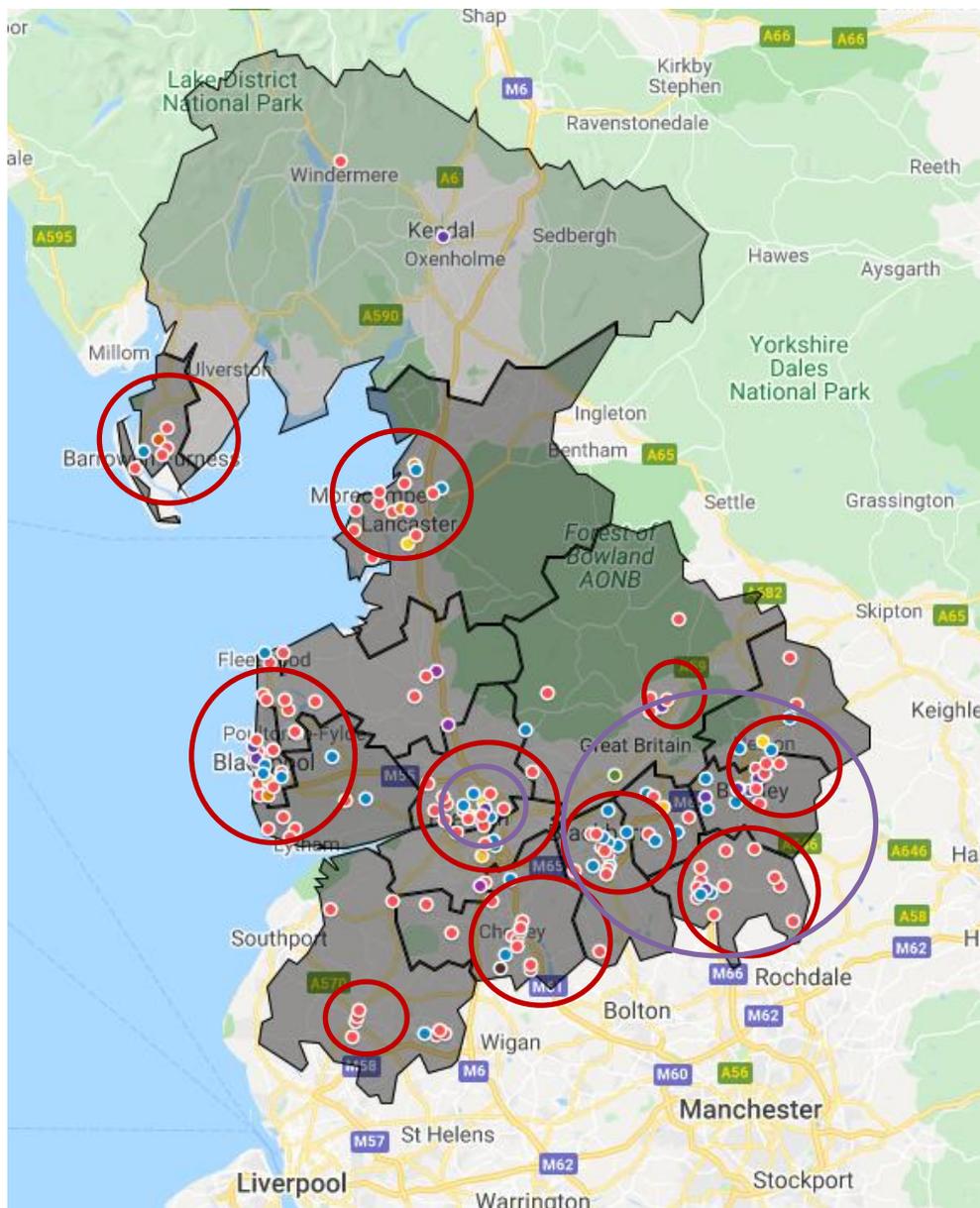
## Intelligence Led approach



- 1.** Suicide Prevention is everyone's Business.
- 2.** We agree to share information and data across organisations to increase learning and new action opportunities.
- 3.** We will be intelligence led in all our responses to real time information.
- 4.** We will work together and collaboratively to increase our capacity to prevent self harm and suicide.
- 5.** We share the 'prevention' challenge and accept mutual accountability to reduce suicide and self harm.
- 6.** Rapid delivery of local responses to local problems supported by timely research and analysis.

# ICS ICS DASH BOARD





Circled in red are cluster areas of hanging cases (pink dots) which was most prevalent in Blackpool, Preston, Rossendale and Chorley

There is a line of suicide by overdoses from Blackburn to Burnley with some cases in Preston too (blue dots circled in yellow)



1. October 2019 -Haslingden High School – Child ‘R’ aged 17 years Completed suicide from road bridge near school
2. January 2020 – Haslingden High School – Child ‘J’ aged 14 years attempt suicide same location.
3. January 2020 – Coal Clough Acadamy – Child ‘O’ aged 15 years completes suicide at home address.

## What Worked Well.

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First 24 hours.....

- Managed the immediate situation
- Close liaison with the police
- Managed the end of school given the A56 being closed and emergency services still at the scene
- Immediate conversation with the LCC media team
- Met with specific staff (teachers that day, form tutor etc)
- Broader communication strategy. Communication with all stakeholders (parents, students, staff, governors, external agencies)
- Briefings with staff and students - Assemblies
- Nominating a named person to be the sole contact for the family in school – conversations with the family
- Contacted local councillor
- Arranging for the school nurse to come into school the next day – allocate areas
- Similar arrangement with the police and sought other services
- Began to develop a spreadsheet identifying vulnerable students and staff
- Left school at roughly 11pm

## What Worked Well – After 24 Hours.

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After the first 24 hours...

- Met with students and staff on the vulnerable list – triaged
- Contact with specific external agencies as required
- Strategy discussion – well prepared
- Fielding daily calls from parents or members of the community
- Accessed support for whole staff – arranged for the 4 Samaritans counsellors to come into school
- Suicide awareness training for all staff
- Meeting with community policing team and the East Lancashire Press Officer for the police
- Contacting Jason Milburn, founder of 'Jack's club'. Assembly for the year group
- Meeting a prominent local councillor within two days of the incident
- Educational Psychologist conversation (supported by a member of SUDC)
- Review of CPOMS and student's records
- 1 hour information session for parents – 'How we work together to keep children safe'. Recorded and online survey used to collect responses
- Didn't feel as though the finger was being pointed with immediate external agencies



- Overwhelmed with information from external agencies – in excess of 15 calls in the first 12 hours, whilst trying to formulate plans – Vicky Wagstaff (emailed a summary)
- Time to prepare for staff and student briefings
- The reputation of the school within the local community (not having a voice)
- The critical incident policy – not a practical tool



# How would we do things differently?

Need to develop a guided record sheet for a detailed chronology:

**DAY 1**

**1. Assess the ongoing danger and take necessary action eg evacuation/first aid/emergency services**

Done:  Time: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person: \_\_\_\_\_

**2. Allocate roles to staff members**

Lead Roles	Person Responsible	Mobile Number
Establish central information point		
Set up dedicated phone line		
Arrange staff briefing and debriefing (set regular times)		
Inform pupils		
Inform parents		
Manage Media (prepared statement)		

**5. Inform key people and seek support as appropriate/link with other relevant agencies**

List of Key Contacts (name)	Phone Number	Done
Principal/Vice-Principal		<input type="checkbox"/>
Education and Library Board's Critical Incident Response Team		<input type="checkbox"/>
Chair of Board of Governors		<input type="checkbox"/>
Council for Catholic Maintained Schools		<input type="checkbox"/>
Local Clergy/Faith Workers		<input type="checkbox"/>
Local Police		<input type="checkbox"/>
Fire Brigade		<input type="checkbox"/>
Hospital		<input type="checkbox"/>
Designated Medical Officer		<input type="checkbox"/>
Communications Officer		<input type="checkbox"/>
School Nurse		<input type="checkbox"/>
Educational Psychologist		<input type="checkbox"/>
Educational Welfare Officer		<input type="checkbox"/>
Counselling Services		<input type="checkbox"/>

**6. Brief all staff**

Remember: Clear factual information  
Advice on how to inform & support pupils  
Team working and practical arrangements (eg cover, flexible timetable, recovery room)  
Support for staff  
Identify vulnerable staff  
Inform absent staff  
Set time for debrief session

Done:  Person responsible: \_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_\_\_

**7. Inform all pupils**

Remember: Clear language (no euphemisms)  
Dispel rumour  
Offer support  
Age appropriate factual information  
Assurances regarding updated information  
Identify vulnerable pupils  
Inform absent pupils

Done:  Person responsible: \_\_\_\_\_

<https://www.education-ni.gov.uk/sites/default/files/publications/de/guide-to-managing-critical-incidents-in-schools.pdf>

## ■ ■ Possible areas for Development.

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- Schools should always be a central part of the strategy discussion – opportunities to reassure school leaders
- Possible internal allocation for liaison with external agencies for support (advantages and disadvantages of this proposal)
- Family liaison officer for the family encouraged to contact the school and introduce themselves
- Local authority have a clear system for support (critical incident team)
- Onsite support – extremely challenging and intense period
- Planned debriefs that schools can be walked through at a specific time after the event – 1 month?
- An external voice that validates/promotes publicly the school's approach and work with external agencies

## ■ ■ Possible areas for Development.

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- Development of the school website in relation to wellbeing and avenues for support
- ‘School parents online’ – developing a representative group of parents who perform a specific role in school and if appropriate, can play an active role on social media that is designed to de-escalate and signpost to school
- Schools to group their support mechanisms, such as counsellors, pastoral staff
- Social media strategy – social media manager to be nominated in school
- Linked to a local school leader who has dealt with similar
- Take/present agreed actions to LASSH



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# Questions and Observations