

## CRISIS RESPONSE PLAN

### TO BE INITIATED BY THE POLICE

### DEATH OF A YOUNG PERSON (*UNDER 18 YEARS*) BY SUICIDE

**\*This document is intended as guidance, it is recognised that its application will vary depending on the circumstances presented by an occurrence\***

*\*This response plan is designed to complement existing critical incident plans across all partners \**

**\*See appendix 1 for communication pathway flowchart.**

#### STAGE 1

The crisis response plan will only be activated when the Police declare a priority one incident for young person (under 18) who has died and where a potential suicide is indicated.

#### STAGE 2

The on call Police Inspector informs;

- Police Commander
- Police communications department → Inform NAC communications department → NHS Ayrshire and Arran Communications Department and NA HSCP Communications Staff
- North Ayrshire Council Chief Executive
- NHS Ayrshire and Arran Chief Executive

The NAC Chief Executive then informs:

- **NAC Director of Communities & Education**
- NA HSCP Director and/or (during Out of Hours) designated on call Senior Manager

**NAC Director of Communities & Education** informs:

- Head of Service (Education) and Appropriate Senior Managers
- Head Teacher
- Principal Educational Psychologist

During working hours NA HSCP Director informs

- All HSCP Senior Managers and Heads of Service (this will include CAMHS Senior Manager and Head of Service- Children and Families and Criminal Justice )
- Chief SW Officer

## Out of Hours – NA HSCP Director or designated on call Senior Manager informs

- CAMHS Intensive Support Team
- Other managers if appropriate e.g. if child known to/under the care of Social Services

### STAGE 3

Director of NA HSCP informs

- Child Protection Committee (CPC) / SSPG (Strategic Suicide Prevention Group) Independent Chair (In the absence of the Independent Chair the Director of the NA HSCP will contact the Child Protection Committee (CPC) Lead Officer directly).

The CPC/ SSPG Independent Chair makes the CPC Lead Officer aware immediately and convenes an urgent meeting of the Young People's Suicide Taskforce. **If the CPC Lead Officer isn't available, the meeting will be co-ordinated by the Child Protection Committee Learning and Development Co-ordinator but will be chaired by the Director of Public Health.**

**If Taskforce members are not available, the Emergency Deputy Taskforce List will be consulted and contact will be made with them to attend on the taskforce member's behalf.**

**Due to practicalities, the first meeting should be convened virtually. However, follow up meetings should be convened face to face.**

**The appropriate Senior Manager for the school that the young person attended should also be invited to this meeting. For follow up meetings, the Head Teacher of the school should also be invited to attend (although attendance would not be mandatory).**

- **The Young People's Suicide Taskforce should meet within 1 working day**

The Taskforce then allocate actions to their agencies and individuals as required and on a need to know basis (recognising that each child will have different networks and service involvements). A pre-existing standing agenda will be initiated at the meeting. **See appendix 2a.** Information will be shared in the event of a suicide to safeguard and protect young people as per Information Sharing Permissions Protocol. **See appendix 3.**

Following the meeting, a SSPG meeting is convened and the Young People's Suicide Taskforce Chairs (CPC Lead Officer) update the group regarding current circumstances and actions agreed by group. A pre-existing standing agenda will be initiated at the meeting. **See appendix 2b.**

- **The Strategic Suicide Prevention Group should meet within 2 working days**



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The Taskforce should meet regularly thereafter and will be the co-ordinating group with named representatives for all partner agencies.

*It is recognised that managers and other relevant individuals may hear via other sources and routes but this pathway should ensure that key individuals are briefed and the plan is implemented timeously.*

*Timescales are essential in order to respond effectively and jointly to prevent further suicides.*

*During the whole process a police investigation will be ongoing.*

**\*WEEKEND AND HOLIDAY PERIODS\***

**If a young person completes suicide at the weekend or a holiday period, Heads of Service and Senior Managers from services represented on the Young People’s Suicide Taskforce will be available and contact should be established with relevant personnel on the Out of Hours contact list by Police Scotland. An initial GOLD emergency meeting should take place.**

**The initial GOLD meeting should consist of the following representatives: Chief Superintendent Police Scotland, Chief Executive Ayrshire & Arran, Chief Executive North Ayrshire Council, Director of Communities & Education and the Director of the Health and Social Care Partnership. Additional personnel may be invited to attend the GOLD meeting as appropriate.**

**Following the GOLD meeting, relevant information will be shared with the CPC and an emergency meeting of representatives from the YP Suicide Taskforce will be co-ordinated by the CPC at the earliest opportunity. The formal emergency meeting should only be co-ordinated by the CPC unless in the case of exceptional circumstances.**

**Partner responses**

**POLICE**

Police respond to a potential suicide of a young person- categorised as a priority 1 incident

An investigation is initiated and the on duty sergeant is briefed and they inform the on duty Inspector.

The sergeant involves CID who will start their investigation – making the scene of death a crime scene.

The Inspector will consider declaring a Critical Incident.

The Inspector will brief the Senior Police Manager and/or Operations Superintendent and brief the Communications/Media Team who maintain links with the NAC Communications Team, HSCP Communications team and NHS Ayrshire and Arran Communications team.

Within hours of the incident -a strategic meeting will take place between Inspector and Manager to make decisions regarding the way forward –at this stage the following may happen:

- Family Liaison Officer appointed
-

- Relevant Campus police officer or designated officer briefed – in the early stages of a death occurring and the crisis response plan being activated, Campus Police Officers ensure sensitivity in relation to information sharing within the school community and clarify with appropriate seniors which multi-agency partners have been made aware.
- Recognition of who may need support –e.g. emergency services, family, witnesses and support is allocated
- Vulnerable individuals (adults and/or children e.g. siblings) are referred to Social Services

Following the strategic meeting the Localities Inspector meets with Head Teacher to brief them.

Internal and External briefing papers are prepared and shared as appropriate to police procedures.

All police staff (taking into account shift changes) are briefed.

Prior to the emergency operational group meeting, police will carry out an assessment of social media concerns.

## EDUCATION

**The Director of Communities & Education may wish to inform the Executive Directors / Heads of Service in East and South Ayrshire.**

**It is likely that a relevant Senior Manager from Education will inform the other Head teachers across North Ayrshire- with agreed levels of information and to stress the need for vigilance and care. This will include relevant Head Teachers from primary schools where a sibling is in attendance as well as other Heads of schools on the same campus.**

**The Head Teacher will have been informed by the Education Head of Service and will receive a briefing from the Localities Police Inspector as soon as possible.**

**The Head Teacher is key to responding and specifically for allocating clear roles to staff members in managing the situation.**

### **1. Senior Leadership Team Meet:**

The first act of the Head Teacher will be to meet with a previously agreed School Critical Incident Management team which may include their Senior Leadership team, the relevant Senior Manager from Education and Principal Educational Psychologist (or designated Educational Psychologist). **See appendix 4 for task guidance for schools.** The following roles should be allocated:

- One member of staff is allocated as overall **critical incident co-ordinator** –to deal with all decision making and responses relating to the death (keep staff informed-regular updates, advise on procedures, clarify how to manage visitors, how to manage police interviews of pupils)
- A different member of staff is allocated the responsibility of all **day to day operational** decisions regarding the “normal” school routine
- A member of staff is allocated the role of **communication**- so that they co-ordinate all information regarding who will communicate with the deceased’s family, what information can be shared with staff, pupils, and families etc. They will be the key contact point for organising and sharing relevant information-these might include : key phrases for office staff fielding phone calls, phrases for briefing pupils, drafting letters/printing leaflets for parents, **NOTE : the wording/content of letters sent home to all parents must be agreed by the family of the deceased, specifically the use of any terms that indicate suicide-check with police**

#### The senior leadership team will also:

Decide how pupils will be informed (see below).

Give consideration should be given to whether and how any very distressed pupils may go home (with a responsible adult).

Consider support arrangements for pupils in the immediate aftermath e.g. set a room aside and a worker( counsellor, Ed psych, CAMHS, staff member) for pupil drop-in, allow staff to create a set time for one to one if appropriate, (direct counselling in the immediate aftermath is not advised).

Locate relevant material and resources for all staff and pupils to access as appropriate (check Head Teachers pack).

#### 2. All Staff Briefing:

All staff (teaching and non-teaching) are briefed preferably all together and made aware of who has each of the above roles, what the communication strategy is and the plan to inform the pupils.

It may also be helpful to identify a member of staff who deals with the practical impact of the child’s absence e.g ensuring the name is removed from the register, speaking to all staff who would have had the pupil in their class that day –to support and check on any practical issues.

Check if there are siblings or other family members at other schools- inform these schools.

Check if the pupil attended any external agencies such as the college and inform them of the death and any limited information as agreed.

Check school attendance register to be clear about who is in school and who is absent (authorised or unauthorised).

Ensure that young people who have been affected by the suicide are able to check in with an appropriate member of staff they have an established relationship with. Appropriate support agencies should be identified and approached to find out how they can support the school. The Principal Educational Psychologist will help in this. These may include:

- CAMHS
- Educational psychology
- Counselling services
- Choose Life
- Samaritans

**NOTE: The Principal Educational Psychologist will also take responsibility for liaising with, co-ordinating and meeting the identified support agencies to ensure clarity of role and support. The Principal Educational Psychologist will liaise with the Samaritans Step by Step service and advise the school of the appropriate contact for this support. The contact number for the Samaritans Step by Step service is 0808 168 2528 and they can also be contacted via the following link:**

<https://www.samaritans.org/scotland/how-we-can-help/schools/step-step/>

Each Agency will require appropriate briefing with enough information given to deliver their service effectively.

Ensure all staff are aware of the Head Teachers pack and the resources which are available to assist in many aspects of a response.

All staff should be reminded to provide inclusive responses to children displaying challenging or distressed behaviour.

Remind staff to be vigilant regarding other pupils who may be vulnerable and share information and agree responses and record as appropriate.

It may be helpful to allocate a staff member or other person to monitor and identify any social media issues that may arise which may be directed at the school or be communicated across the school and community.

Consider whether to set up a memorial and allow written comments and dedications- although schools are asked to be careful and thoughtful about doing this. Discussion with the family should take place, but also be aware that some young people may perceive that this validates suicide as a solution.

Ensure external relevant community groups, clubs, faith groups are also informed.

Recognise that there may be staff who require extra support and/or may not be well placed to be a key part in the response (recent bereavement, previous suicide experiences, family concerns).

Create opportunities for staff to come together regularly throughout the day and especially at the end of the day.

Support to staff should be ongoing with a system of tiered support systems agreed between school, Education Psychology, Senior Education Manager and CAMHS.

Be aware for both pupils and staff, counselling in the immediate aftermath is not usually appropriate-time and space and access to the adults that know the children and young people best to absorb the impact and express feelings is most appropriate at this stage and should be the first consideration. Additional grief group and individual support can be provided by counselling.

### 3. Informing Pupils



The process for telling pupils should be agreed and implemented as quickly as possible:

- Agree language and phrases and what information can be shared (refer to communications person)
- Good practice is that close friends and peers of the deceased are informed together and first
- Wider peer group should be told in small groups if possible
- Others should be told within class rooms/ registration groups etc.
- Remind all pupils to avoid rumour and speculation on social media-this is not helpful to friends and family- do not share gossip **NOTE: This should be done on a regular basis and should note that when such as incident happens, the majority of social media speculation is likely to be false and unhelpful**
- Reassure pupils that classes will continue as far as possible but staff understand if pupils need to talk and are upset-tell them what support is in place
- Distribute literature as required (see HT pack)

***For ongoing responses and longer term actions please refer to the wider Critical Incident Policy***

#### **HEALTH AND SOCIAL CARE PARTNERSHIP**

**The response of the HSCP may depend on whether the young person was known to services directly –the appropriate services should be informed as part of the initial communication stage e.g. if the child is in foster care or residential care.**

**The Heads of Service will have been notified and will inform their relevant Health and Social care Managers.**

The appropriate Senior Manager should check if the young person was known to any services and ensure the relevant workers are informed via the team manager.

Ensure teams are aware of resources and supports available to them, team managers should ensure staff support is available and appropriate and ongoing.

Consideration must be given to whether the young person is in residential or foster care- ensure appropriate staff are informed and supports are in place.

Consider whether the young person is looked after from another authority or placed with other external providers and share information as appropriate.

CAMHS will be informed in the early stages (see above) and they should link with the Educational Psychologist to ensure a joined up approach to agree:

- What input each provide to the school
- How they communicate with the school

- What shared information is given dealing with risk, support and intervention of other vulnerable young people

A liaison group of support services may be convened- consisting of Ed Psych (co-ordinating) , CAMHS, Samaritans, Choose Life and other support teams as identified.

Each HSCP service head should consider the impact it may have on their service e.g.

- Increased Child Protection referrals
- Increased CAMHS referrals
- Increased anxiety of vulnerable young people
- Increased questioning and speculation amongst wider population of young people and families

A way and form of language to brief team leaders and managers across the service should be agreed so that they are aware of the death and how to access information, resources and share information appropriately.

**Managers should be made aware that there is an Operational Group into which information and activity will be discussed, agreed and disseminated.**

### YOUTH SERVICES

**A Senior Manager within Youth Services should be informed and enabled to check if the young person is known to their services.**

**Teams should be informed and supported as appropriate.**

Youth services should also be made aware of the incident as part of the Young People's Suicide Taskforce and be part of the wider community response especially the support and dialogue with young people who have questions and who may be vulnerable.

The young person may have been part of youth service activities so staff and other young people/peers/group members should be supported appropriately.

Ensure teams are aware of resources and supports available to them, team managers should ensure staff support is available and appropriate and ongoing if required.

### OTHER SERVICES

If a death occurred in an outside location, consideration should be given to others who may have been impacted such as park rangers, fire and rescue professionals and associated 3<sup>rd</sup> sector staff.

If the young person was known to a higher education establishment they should be informed and supported to respond appropriately.

The Young People's Suicide Taskforce will ensure that these services are contacted and made aware of the resources and supports which are available.

Memorial and Shrine Guidance is also detailed in **APPENDIX 5**.





V5 May 2022

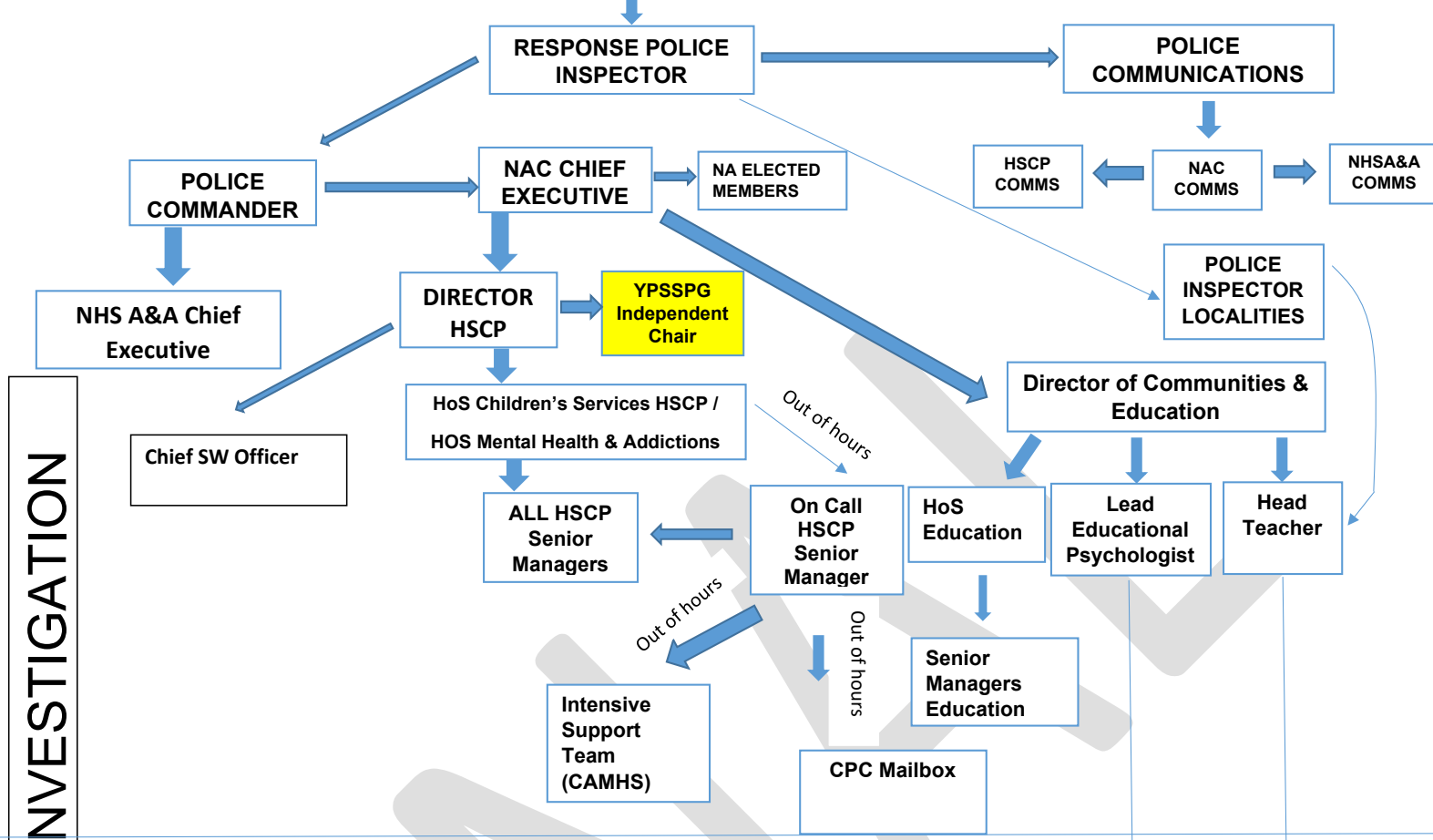
F E M I N A L

APPENDIX 1

POLICE ATTEND DEATH OF A YOUNG PERSON UNDER 18 INDICATING POTENTIAL SUICIDE – PRIORITY 1 INCIDENT

Commented [JA(SCA/HB1)]: – this flowchart is a summary of communication pathways in the event of the crisis response plan being activated, this is further detailed within the main guidance document.

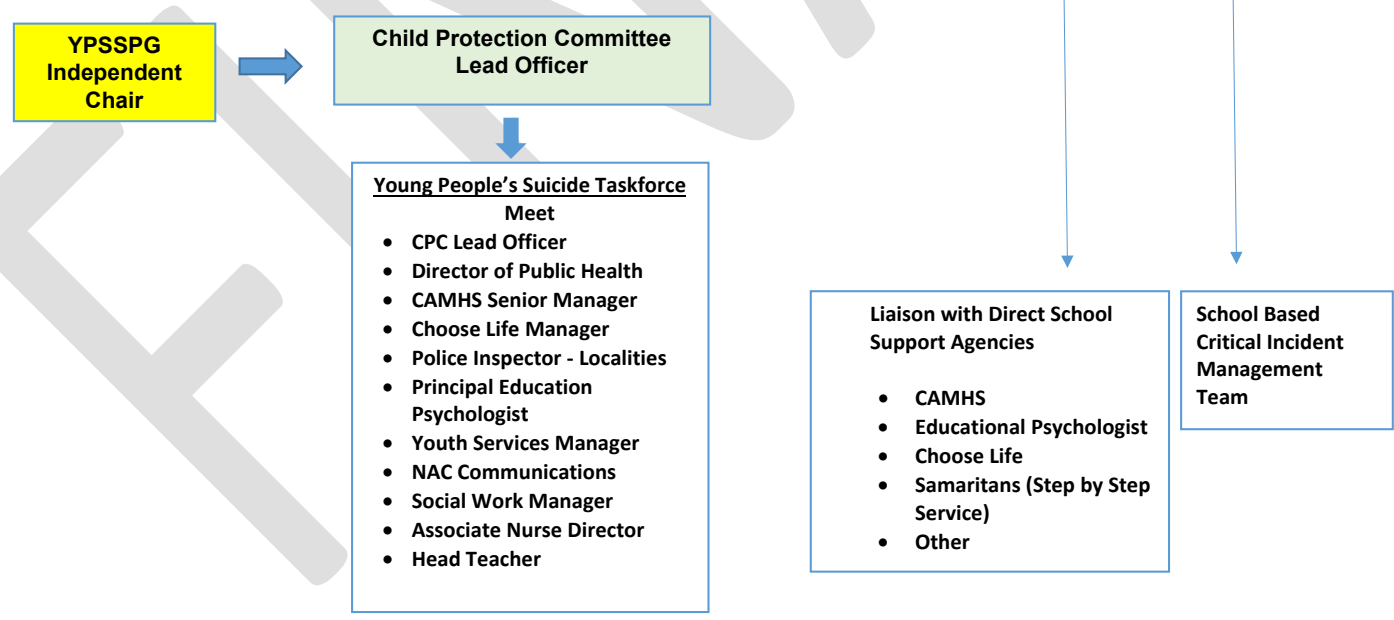
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DAY ONE

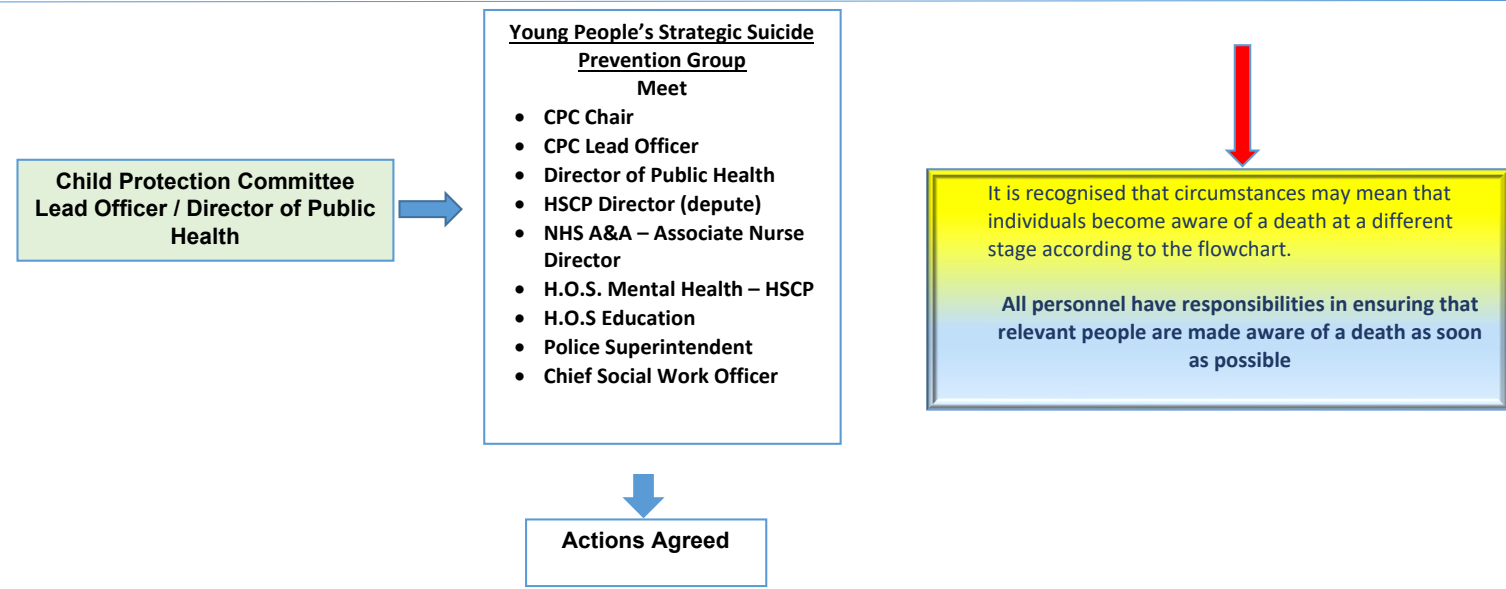
(or first working day if completed suicide occurs at the weekend)

ONGOING POLICE INVESTIGATION



DAY TWO

(or second working day if completed suicide occurs at the weekend)





## **APPENDIX 2a**

### **Young People's Suicide Taskforce Emergency Meeting Standing Agenda**

- 1. Introduction and information from Chair regarding current circumstances**
- 2. Update from partners**
- 3. Protection and support of children and young people within immediate community**
- 4. Protection and support of vulnerable young people known to services**
- 5. Support to families and adults within immediate community**
- 6. Support to multi-agency staff (for those who knew the young person and who will be working with and supporting the community in the aftermath of the suicide), Consideration of multi-agency group support**
- 7. Support for Family: Which service/professional is best placed to offer supports and are there any specific supports which should be offered immediately?**
- 8. Staff groups who are required to be notified of the completed suicide**
- 9. Agreement on communications, key messages to be shared and how this will be managed.**
- 10. Social Media**
- 11. Actions confirmed and further information required from partners**
- 12. AOCB**
- 13. Next Meeting Date**



## **APPENDIX 2b**

### **Strategic Suicide Prevention Group Emergency Meeting Standing Agenda**

- 1. Strategic Objectives agreement**
- 2. Introduction and information from Chair regarding current circumstances**
- 3. Update from partners**
- 4. Update from Young People's Suicide Taskforce group and actions agreed:**
  - Protection and support of children and young people within immediate community**
  - Support to families and adults within immediate community**
  - Support to multi-agency staff (for those who knew the young person and who will be working with and supporting the community in the aftermath of the suicide)**
  - Agreement on communications, key messages to be shared and how this will be managed.**
  - Social Media**
- 5. Actions confirmed and further information required from partners**
- 6. AOCB**
- 7. Next Meeting Date**





2 December 2020

Dear Colleague,

### **INFORMATION SHARING**

The protection of children and adults at risk of harm in North Ayrshire, is **“everyone’s responsibility and everyone’s job”** – this cuts across all aspects of private life and professional business. We all have a duty, individually and collectively, to protect vulnerable people in our communities.

Whilst the Covid 19 pandemic has presented significant challenges in ensuring that services meet the needs of children, young people and vulnerable adults, it has also shown the commitment from staff in ensuring that services are working together and sharing information as appropriate to ensure vulnerable people’s safety and protection. It is imperative that staff continue to seek and exchange information in these circumstances. We are aware, however that questions of privacy and confidentiality can and sometimes do get in the way of ensuring the safety of vulnerable people. We wish to clarify the position and reinforce the importance of sharing and exchanging relevant information where the protection of these client groups are concerned.

Children and adults at risk of harm have a right to privacy and the utmost care should be taken when handing personal information. We endorse the need for a sensitive and legal approach when working in partnership with these client groups, together with their families and carers.

Where you have a concern about a child or adult at risk of harm or you are made aware of such a concern, you have a responsibility to share and exchange relevant information with other professionals. You should do so without delay and with confidence, following your own agency/service procedures and where appropriate, the local process for making a child protection or adult support and protection referral.

All staff should be aware that their own agency will support them if they have shared personal information in these circumstances using their professional judgement.

There are some misconceptions about information sharing. We would like to remind you that existing legislation (including GDPR) does not prevent you from sharing and/or exchanging relevant information where you believe there are concerns about children or adults at risk of harm.



In addition, you are lawfully able to share confidential information where disclosure is necessary to protect the individual or another third party. This extends to those working with adults who may be self-harming or neglecting themselves.

We would draw your attention to the Scottish Government's *Sharing Information about Children at Risk: A Guide to Good Practice (2003)* which states:-

*"If there is reasonable concern that a child may be at risk of harm this will always override a professional or agency requirement to keep information confidential. All professionals and service providers have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm".*

The Adult Support and Protection (Scotland) Act 2007 places a duty on those agencies named in the Act as follows:

*"Where a public body or office holder, knows or believes that a person is an adult at risk and that action needs to be taken in order to protect that person from harm, they must report the facts and circumstances of the case to the council for the area in which it considers the person to be".*

It is essential that all professionals thereafter co-operate with the council and its partners who are making enquiries into cases where children or adults may be at risk of harm.

It is important that all professionals are open and transparent and make people aware that we will share information when we suspect a child or an adult is at risk of harm. It is also important that you record any decision to share or not to share information and your reasons for doing so.

We hope that the information contained in this letter will support your confidence and decision making in sharing relevant information. In doing so, you will add to the protection of children and adults at risk of harm in North Ayrshire and improve the quality of life for the most vulnerable in our community.

For further advice and guidance we would encourage you to speak directly with those who can provide information on Child Protection, Adult Support and Protection (ASP) and Data Protection as follows:



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Craig Hatton  
Chief Executive  
North Ayrshire Council



A handwritten signature in black ink, appearing to be 'JB'.

John Burns  
Chief Executive  
Ayrshire and Arran Health Board



A handwritten signature in black ink, appearing to be 'FH'.

Chief Superintendent Faroque Hussain  
Divisional Commander  
U Division, Police Scotland

<b>Child Protection</b>	01294 310300 0800 328 7758 (Out of Hours)
<b>ASP</b>	01294 310300 0800 328 7758 (Out of Hours) <a href="mailto:adultprotection@north-ayrshire.gov.uk">adultprotection@north-ayrshire.gov.uk</a>
<b>Data Protection</b>	01294 317223 – <b>Please use email address during the Covid 19 pandemic</b> <a href="mailto:dataprotectionofficer@north-ayrshire.gov.uk">dataprotectionofficer@north-ayrshire.gov.uk</a>
<b>NHS Ayrshire &amp; Arran</b>	CP - 01563 826001 / 01563 826002 (Mon-Fri 09:00 – 17:00) <a href="mailto:Clinical_ChildProtection_HealthTeam@aapct.scot.nhs.uk">Clinical_ChildProtection_HealthTeam@aapct.scot.nhs.uk</a>  ASP - 01292 559832
<b>Police Scotland</b>	01563 505012

## Health Surveillance and Incident Related Information Sharing Protocol APPENDIX 3

Draft v5 191118 DT

### Purpose

This protocol is developed at the request of the Young People's Strategic Suicide Prevention Group reporting to the North Ayrshire Child Protection Committee and forms part of the crisis response measures put in place in the event of a young person's completed suicide or unexplained death.

### Executive Summary

**The key principle of this document is to confirm that accessing and sharing relevant information in the interest of young persons' safety within the confines of acceptable professional practice is agreed and accepted as part of the crisis response process. In the unfortunate event of a young person's suicide, health records may be accessed without delay for those deemed as associates of the deceased. Information will be shared with the appropriate people and organisations ie police, social work, etc. where concern for welfare and safety is identified.**

The purpose of this document is to confirm arrangements in relation to accessing health held records of young people under the age of 18 years of age in the event of a serious incident where such a young person is suspected of completing suicide, has completed suicide or in instances of unexplained death.

The intention of this protocol is to ensure rapid access to health related information of the person who has completed suicide and those who are identified as being immediately associated with that person, in order to identify where there may be vulnerabilities within the cohort; where immediate enhanced support may be required for an individual; and where enhanced support to a wider group may be required. This action will contribute to risk mitigation for others who may consider deliberate self harm or suicide.

In the absence of this protocol and agreed access, potential delays may occur in accessing information that may contribute to preventing catastrophic actions of other young people in the immediate aftermath of an incident.

### **Principles of information sharing requirements**

As identified in the NHS Ayrshire and Arran Information Sharing Protocol, the rationale for sharing information in respect of service users or those involved in their care is supported where relevant in relation to contributing to protection from harm. Information may include:

- information concerning physical and mental health including current presentation medication, aids, adaptations, social supports, therapeutic interventions and support networks
- family history/circumstances and other significant relationships (e.g. marital status, dependants)
- social circumstances and environmental factors
- history of past involvement with any healthcare support or services such as specialist health services such as CAMHS, Social Work, school counselling, psychology. The list is not exhaustive.
- financial information
- detail of enquiries or complaints received from and about service users and those involved in their care
- history of violent or abusive behaviour
- criminal record
- assessment of risk or threat posed to or by an individual
- addiction related information.

The policy also indicates that information may be shared without the consent of the individual where it is justified and compatible with current legislation; or on the basis of lack of capacity of the individual to consent or because of concerns perceived on the basis of lack of capacity of the individual to consent, or because of concerns or perceived risks regarding the welfare of the individual or others.

It is also considered that not seeking consent may be justified only where the relevant professionals involved have formed a view that notifying the individual would have undesirable consequences for themselves or someone else.

### **Process, governance and legal considerations**

In order to legitimise this action and ensure that confidentiality of individuals is protected and actions are undertaken in line with the principle of Caldicot, Associate Nurse Director has sought support and approval via the Caldicot Guardian (CG) Head of Information Governance (HIG), NHS Ayrshire and Arran. It is noted that as per the NHS Ayrshire and Arran Information Sharing Protocol (ISP) between Local Authorities, Fire, Police and IJBs sets out clear expectation that appropriate legislation; the data protection policies of each Party and notifications to the Information Commissioner (ICO) by each Party are relevant. In addition it is noted that shared information is covered by the retention schedule of the Party holding it subject to arrangements to ensure consistency of approach between the Parties on this.

No information will be retained by any party for longer than is necessary for the duration of activity for which the information provided is required within any given preventative process in line with the crisis response plan in the event of an incident as indicated throughout the protocol.

Each party is responsible for responding to Subject Access Requests where it is the Data Controller, the person responsible and accountable for managing data within a specific system, regardless of where the personal data originated. Where personal data includes health data of the data subject and the data controller is not a health professional (as defined in The Data Protection (Subject Access Modification) (Health) Order 2000 (S.I. No 4130)) the information should not be provided unless the appropriate health professional has been consulted. To this end, all data will be reviewed and screened prior to authorisation of health information being shared.

Agreement is supported in principle by CG and HIG 2018 however the following advice is given.

- Information Sharing Agreement would need to be developed
- Clear identification of agencies involved
- Be in keeping with the ISA with Health, LA, Police and Fire (review date September 2018)
- Document the legal basis for sharing information; indicate considerations of proportionality, expectations and security of data, storage and process.

As information will be shared with private Education establishments and they do not constitute part of the current ISA, an Information Sharing Agreement will be required to include them. It is suggested that the review of the current NHS policy includes including private Education establishments in the renewed version.

Scottish Government Information Sharing Agreement template can be found at <http://www.informationgovernance.scot.nhs.uk/istresources/>

**Standard Operation Procedure** (in conjunction with the agreed Crisis Response Plan)

Alert received by members of the Young People's Suicide Taskforce as part of the priority one protocol as per Crisis Response Plan.

Individuals will be identified as persons of potential concern/interest via review and investigative process – Health, Police, Education.

When possible, appropriate consents should be sought and provided. When no opportunity to gain consents or deemed unnecessary under the conditions as laid out in the NHS Ayrshire and Arran ISA, rationale should be documented by the requesting agent and held on file by the health data controller, Associate Director of Nursing. Any data base will require meeting the GDPR requirements.

Information relevant within health held records will be requested via the Associate Nurse Director for Mental Health or Deputy in event of absence in keeping with phase 3 of the Crisis Response Plan.

Access to and initial review of health held information will be undertaken by Associate Nurse Director or Delegated Registrant or in the presence of a registrant in the event third party presence and contribution.

Information will be compiled and relevant information shared with the Young People's Strategic Suicide Prevention Group and relevant parties as per protocol and in keeping with agreed governance arrangements.



## Appendix 4

### Crisis Response Plan

#### Education- Tasks guidance for schools

##### Convene School Critical Incident Team

1. Allocate Critical Incident Co-ordinator:
  - Provide regular updates
  - Advise/share decisions and procedures
  - Advise on managing visitors (wanted or unwanted)
  - Manage police interviews
  - Advise staff on procedures for identifying vulnerable young people
  - Link with or be communications staff member
  - Liaise with other schools/siblings school etc
2. Allocate Day to Day Operational staff member
3. Allocate Communication staff member
  - Identify how and who communicates with family
  - Know what information can be shared and with whom
  - Seek out info on phrases/language to use
  - Seek out and draft letters and information for parents as agreed-**ensure knowledge of bereaved families wishes**
  - Ensure office staff have agreed phone responses/script
  - Keep note of who has and hasn't been contacted
4. Decide how pupils are informed
5. Decide whether and how any pupils may go home (ensuring support)
6. Decide how pupils will be supported
7. Locate relevant material and resources
8. Brief ALL staff
9. Identify staff member to deal with practical absence(of deceased )issues
10. Inform sibling's school

11. Inform other external agencies involved with the young person e.g. college
12. Check school attendance register for all pupils whereabouts
13. Identify support agencies –link with educational psychologist
14. Contact support agencies-link with Educational Psychologist
15. Remind staff of inclusive responses to pupils
16. Agree process for vulnerable pupils
17. Allocate staff for social media monitoring
18. Discuss and agree if a memorial is to be set up with timescales
19. Inform external groups, clubs and faith groups etc
20. Agree meeting times for staff to come together
21. Agree tiers of staff support

## Appendix 5

# **Memorials and Shrines**

- 1. Guidance after a suicide**
- 2. General School/Youthwork settings**
- 3. Online**
- 4. Shrines**
- 5. Key Points**

## Guidance after a suicide

***This is a difficult issue that needs to be carefully managed, taking account of the wide range of feelings that are likely to be felt and displayed***

It is natural to want to pay tribute to those who have died. However, it is important not to sensationalize or glamourize suicide as that may act as a trigger for anyone who is deeply affected or feeling vulnerable

## General School/Youthwork settings

Schools and Youth Work Managers (or anyone in contact where young people gather) may be advised to set a time limit for memorials -usually about two weeks as this helps the grieving process move forward in a natural way. However-discretion should be applied to link in to a natural time frame e.g. end of term

Managers may offer to forward cards and other tribute material to the family when the memorial is removed - **discussion with the family is key** to ensure sensitive handling

Almost always a Family Liaison Officer from the Police will be allocated to the family and will most often be the key link for discussion about these issues

Temporary memorials within school/other buildings can be chosen by the managers and a compromise made of using a public space where things can be monitored but perhaps not in the main thoroughfare where everyone sees it all the time For example-at the back of an assembly hall might strike a good balance.

The key to the best management of memorials is good communication with clear explanations of when and why things are being taken down or moved. It can be helpful to explain it in terms that you are not forgetting the person but needing to remember them in your everyday life and keep them in your thoughts.

If people want time for quiet reflection, then that can be incorporated into however the school enables this under normal circumstances. It helps to share the grieving in a place where other forms of death are equally remembered.

Discussion about grief and responses to death should be supported in a general way throughout the school curriculum and in other places where young people can talk safely. Everyone's response may differ and there is no "right" way to grieve.

Permanent memorials following a suspected suicide are generally to be discouraged anywhere within buildings or outside. Unfortunately they can lead to a kind of "legend" or "sensationalizing" not of the person themselves but of the way they died. For those who are vulnerable it can reinforce a message that suicide is a solution.

## Online

Schools or other workers cannot control online memorials and other social networking activity following a suspected suicide. However it helps to give consistent messages to students and young people where they are warned about the risks of online memorials, for example- their comments may become public/published without their permission, online memorials can attract negative and hurtful comment and anything that romanticizes suicide can be harmful to those who are vulnerable. They can also be an uncomfortable reminder to families.

It may be possible to work with senior pupils/mentors who may know more about who hosts a memorial site and who is commenting-to help with moderation and appropriate responses. If inappropriate comments are made it may be possible to refer back to the person posting them with suggestions and reminders about the potential pain and harm.

Schools/other organisations could consider establishing an online memorial on their own website, which they can then moderate and remove after an agreed time period.

## Shrines

Within the local community there are similar concerns and issues about the process of setting up shrines and public mourning where a person has died.

These shrines can grow organically and similar approaches should be adopted by the police or rangers or those who have some input in these areas.

Key again is **communication with the family** and to ensure their feelings and thoughts are dealt with sensitively. They won't want anyone to experience what they have, so clear, honest and supportive approaches are best.

Remember the Police- Family Liaison Officer is often best placed to discuss and liaise with the family.

Taking down/dismantling shrines needs to be dealt with carefully but a similar time period of approx.2 weeks should be suggested and discussed with the family.

A death of a young person can be especially difficult but the same issues arise and it is important that all partners can agree the process to remove the shrines and be clear about why it is being done.

Police are often the key service for this and help and support can be offered by agencies such as Samaritans. Working with youth workers, schools and others can help to provide follow up discussions and opportunities for young people to talk or share their thoughts.

Shrines help remember those who have died but the best way to keep them in our thoughts is to remember them in our day to day lives.

Shrines can attract vulnerable and at risk individuals who are struggling and it can send them a message that suicide is a solution. Encourage workers and friends to identify anyone who appears to be struggling and support them.



## Key Points

1. Time limit shrines and memorials
2. Communicate with the family at all times
3. Apply online safety advice for social media/online memorials
4. Shrines and memorials help us remember and grieve but they can also tip over into glamorizing and sensationalizing suicide
5. Remember the person in everyday life