Guidance for Mid and West Wales Regional Safeguarding Boards Process for the Immediate Rapid Response to Incidents of Suspected Suicide

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1. INTRODUCTION

This Guidance sets out regional arrangements to provide a rapid, multi-agency response to managing the consequences and impact of suspected incidents of suicide for children and adults across the Mid and West Wales region.

This protocol is complementary and supportive of, but does not replace, other protocols and processes, i.e.:

- Wales Safeguarding Procedures
- Procedural Response to Unexpected Deaths in Childhood (PRUDIC)
- Emergency Planning Processes
- Critical Incidents in Schools

Governance, accountability and links to other regional forums are explained under section 6

If there any queries relating to which process to use, please contact the Safeguarding Board Business Unit via CYSUR@pembrokeshire.gov.uk to discuss.

2. ROLE AND PURPOSE OF THE IMMEDIATE RAPID RESPONSE MODEL

The impact of a suicide can be far-reaching, both within a family and within friendships and communities. Mid and West Wales is not unique in Wales within the context of known rising levels of suicide in recent years, both for children and adults across the region. Any unexpected death can cause a "ripple effect" spanning long periods of time. Individuals and groups can all be impacted by an unexpected death and as a result, some of those individuals can be vulnerable to experiencing harm or even death as a result. This can include but is not limited to, immediate and extended family members, peers and members of the community.

The role and purpose the Rapid Response Model is to quickly identify those most vulnerable and who are likely to be significantly impacted by the death. This provides agencies and practitioners with an opportunity to identify what support, and services may need to be provided to those effected, to prevent further harm or death.

The Immediate Rapid Response Model ***is not*** a forum that seeks to understand the sequence of events, missed opportunities or what lessons we can learn from practice. Many other regional forums and processes exist that provide platforms to explore these issues and it is important the meeting stays within the parameters of its primary purpose and function. The chair of the meeting has a critical role in ensuring the discussion remains focussed and within boundaries.

3. CRITERIA AND TIMESCALES

It should be noted only a coroner can conclude and determine an act of suicide and this will not have occurred at the time of the death. Agencies (usually the Police, as the likely first responder) will need to exercise judgement in consultation with the Local Authority regarding the circumstances of the death, to consider whether, on balance, the circumstances appear to indicate the person intended to take their own life. If so, the rapid response process should be applied and a meeting convened where agreed this is required.

If the incident involves the unexpected death of a child or young person under the age of 18 years of age, then the Procedural Response to Unexpected Deaths in Childhood (PRUDIC) process will be initiated and will take primacy. It is important to note the PRUDiC process is a separate meeting with a different focus and purpose to the Immediate Rapid Response Model and these two separate processes should not be combined into one joint meeting. The complexity of the peer and associated community and family networks often requires a wider focus than is the purpose of, or which is practical to manage, in a PRUDiC. One of the practical aspects is that those who attend a PRUDiC would not always be the necessary people to consider community safety, for example, of safeguarding in sports clubs or other community settings and is very likely to compromise compliance with confidentiality principles and GDPR legislation. There is however nothing to prevent the Immediate Rapid Response meeting taking place straight after the PRUDiC meeting if this is considered practical and appropriate.

A decision to implement the process will be made in most cases by Dyfed Powys Police in consultation with the relevant Local Authority, however any agency can request an Immediate Rapid Response Meeting, albeit it is considered such situations would be unusual and rare. In these circumstances a MARF should be submitted and completed by the relevant agency. The designated officer from the local authority will discuss the request with the relevant nominated officer from Dyfed Powys Police, and a decision made as to whether the circumstances of the death require the process to be instigated.

The circumstances surrounding some deaths that will require a rapid response meeting to take place, may fall outside of the normal process's that would be an automatic trigger. This could be for example be a person who has died in hospital several days after the admission. In these situations the attending police officer's involvement would be restricted to responding to the immediate incident and they may not be in a position to trigger the process several days later after their involvement has ceased.. This could also be in situations where a person dies cross border or outside their area of normal residence where first responders and agencies may be from outside the Mid and West Wales area. In such circumstances local protocols will need to be in place at a local agency level to promote awareness of the Immediate Rapid Response Model to ensure the process is instigated when required.

If a Rapid Response meeting is required, the designated person from the relevant Local Authority will chair the meeting. In cases where a more specialist input is required, a suitable alternative Chair can be identified if considered appropriate.

Each Local Authority is responsible for developing and implementing a process locally to receive, assess and respond to any reports and requests for an Immediate Rapid Response.

Timescales

Although the term "rapid" is used to describe the response to incidents of suspected suicide covered by this agreed process, however in most situations the actual timescales will vary depending on the circumstances of the case and those considered to be affected. A meeting should however in most cases be convened within 48 hours or 2 working days of the decision to instigate the process. Relevant information should be circulated to meeting attendees where possible in advance of the meeting, to enable appropriate information to be gathered and considered.

4. PROCESS FOR A RAPID RESPONSE TO INCIDENTS OF SUSPECTED SUICIDE

Notification of Incidents and Confirm Facts

The agency who is the first responder to the incident (which, in most cases, will be Dyfed Powys Police) will undertake an initial assessment of the circumstances of the incident. If it is considered the circumstances meet the criteria for a Rapid Response Meeting, discussions will take place with the designated person in the relevant Local Authority, who will then convene and arrange the meeting, ensuring a chair and the appropriate administration is provided.

In most Local Authorities in the Mid and West Wales Region responsibility for IRRM is located within the relevant safeguarding service. Structures and the location and delivery of services however vary across the region and discretion remains with the respective Local Authorities to locate responsibility for IRRM's within the service considered most appropriate.

Gather Information

In some cases, it may not be immediately clear what the risks are to individuals or what the wider community impact is. In these circumstances, the designated Police Officer, in consultation with the relevant Local Authority designated officer, may gather information from existing records and undertake further enquiries with relevant agencies before making a decision on whether an IRRM needs to be convened. In cases involving children, where suicide is considered to be a possible cause of death, the default position should be to hold a meeting unless there are exceptional circumstances or a clear reason not hold a meeting.

Convene an Immediate Rapid Response Meeting

The relevant Local Authority will be responsible for convening the Rapid Response Meeting.

All relevant partner agencies required to attend will be invited via email. The number of people attending should not be excessive and should be limited to those who are able to provide relevant information and agree actions, which may include the provision of resources, on behalf of their agency.

Any briefings considered necessary to practitioners/staff prior to the IRRM should be discussed and agreed with the Chair.

Media.

Any media briefings needed prior to the RRM will be managed at a local LA/agency level in accordance with local Communications Policies. Discussion and agreement will need to take place and be agreed by Dyfed Powys Police and the Local Authority, at Superintendent and Head of Service level. Discussion and agreement will be reached as to which agency should lead in respect of this.

In situations that/and/or are likely to generate a high level of media attention the relevant Safeguarding Board Chair and RSB Business Unit will be informed and any media statements released shared.

Prior to the IRRM

Individual agencies and organisations invited to attend the meeting should identify those closest to the subject(s). This may include, for example, family, friends, peers, work colleagues, club membership, teams, staff, etc.

Individual agencies and organisations should also identify any other individuals for whom this incident may be a trigger, potentially increasing their level of risk.

For those individuals not known to services, consideration needs to be given to provision of support to the wider community, particularly for those groups highlighted as at increased risk.

The Immediate Rapid Response Meeting

The RRM Chair will outline the purpose and content of the meeting (statement included within agenda in Appendix 1).

The police officer present or other relevant agency will be asked to provide a brief overview of the incident and, where possible, provide a list of those individuals who are potentially affected/impacted. **As outlined under section 2 it is important the meeting stay within boundaries and does not delve into wider discussions, outside of its primary purpose**.

Each agency will share any information they have on each of the individuals or groups identified and where necessary, provide information on any other individuals or groups who may be affected. Information that cannot be obtained at the time of the meeting should be submitted to the Chair within two working days of the meeting being held.

The risks for each individual should be identified and discussed, and actions to mitigate any risks and/or impact will be agreed and assigned to the relevant agencies involved.

Care of individuals already subject to Care and Support Plans, Child Protection Plans, Adult Protection Plans or within the Looked after System needs to be formally handed to their key worker to ensure that their individual needs are met.

Where appropriate, the IRRM will determine which organisation/agency (including third sector) is best placed to support the family/peers/community.

Each agency/organisation should consider how they can contribute to meeting any identified need, either themselves or by enabling other agencies to do so. They will also need to consider any additional resources required to support the IRRM process to ensure that services are maintained whilst providing support in response to local identified need following an incident.

A date and time of a follow up meeting may be agreed by agencies at the RRM if considered necessary. Agencies taking forward actions from the RRM will ensure these are completed and updates provided without delay and within agreed timescales.

Briefing for parents/carers

It may be necessary in some circumstances to brief parents/carers about the situation and the support being made available for their child(ren) or the person(s) that they are caring for. The decision about briefing parents/carers and content of the brief will be agreed by the IRRM.

Parents/carers will be provided with factual information as agreed by the RRM, together with an outline of the support being made available.

Contact information will be included should they want to talk to someone themselves or to access support for their child(ren) or the person(s) that they are caring for.

Cross Border Issues

In situations where a child or adult has died in an area outside of their normal area of residence, the principle of ordinary residence will apply. This means the place where the child or adult usually lives and is considered to be their main or permanent address. The local authority in question will in these circumstances be responsible along with Dyfed Powys Police for convening the IRRM. Any services likely to be needed to peers, family members or members of the community are likely to be associated with the person's primary residence as opposed to the place where they died. There will always be situations that can be described as *grey,* for example children looked after, where both homes could be argued to a person's primary residence. In these types of situations, discussion should take place between the two local authority respective managers and a common sense decision made depending on the circumstances. The principle of a timely response akin to the ethos of the model should be taken into consideration in *grey* areas and unnecessary delay due to professional disagreements avoided at all costs.

Staff Wellbeing

The impact cases of suspected suicide can have on practitioners and staff members should not be underestimated. This can (but not exclusively) be as a result of personal or professional experiences and/or distressing details and information linked to the death. This may include staff who have been involved with the person who died, have links to peers, family members and associates linked to the deceased person and/or any practitioner or staff members involved in the IRRM. The chair of the meeting should ensure ample time is given during the meeting to give due consideration to these individuals and any immediate or on-going support needs they may have. Line managers of staff and practitioners as identified above, should ensure adequate measures are taken to support via de-briefing sessions and referrals where needed to staff counselling services and Occupational Health teams. It is the responsibility of Individual agencies and organisations to debrief their staff.

It is acknowledged the circumstances surrounding the deaths of children and adults that have triggered the Immediate Rapid Response Meeting can be extremely upsetting and distressing and for the purpose of this meeting it is not necessary to share graphic content and detail regarding the circumstances surrounding the death. The chair of the meeting therefore must ensure only information that is considered strictly necessary is discussed during the meeting in the interest of protecting the wellbeing of participants.

5. MANAGEMENT OF LARGE SCALE INCIDENTS

This may involve:

- The identification of a cluster of incidents, which may include incidents of attempted suicide as well as suspected suicide

- Identification based on the number, timescale and proximity (geographically and socially) of incidents occurring locally.

Consideration will need to be given to incidents occurring in neighbouring areas and the possibility of a single case locally being part of a cluster in a bordering area or vice versa.

Upon identification of a cluster of incidents;

- In some cases, the IRRM may need to meet frequently **(to be determined**) to monitor the situation and ensure that appropriate support and prevention services/activities are in place.
- Work will focus more intensely on providing support for those identified as at risk and for the wider community as a whole.
- A cluster of incidents would trigger a more senior interagency response requiring strategic level staff to meet on a regular basis in addition to the IRRM.
- The regional steering group, akin to its terms of reference will consider any themes identified as part of the cluster or large scale incident.
- Statutory Directors, the relevant Regional Safeguarding Board Chair and the Regional Safeguarding Board Business Unit should be briefed as soon as possible upon identification of a large scale or cluster of incidents.

6. GOVERNANCE AND ACCOUNTABILITY

This is a regional multi-agency process agreed as part of the governance arrangements of the Mid and West Wales Regional Safeguarding Board to support effective and robust multi-agency safeguarding practice.

A Regional Information Sharing Protocol is in place to support robust and lawful information sharing between agencies.

In the event that significant professional differences arise that cannot be resolved informally, a Regional Professional Differences Resolution Protocol exists to support agencies.

The relevant Local Authority will be responsible for the storage and management of the minutes in accordance with their local data protection and control policies. Information in respect of relevant themes/trends etc. may need to be provided to the Regional Safeguarding Board periodically for audit purposes and to support best multi-agency practice as part of the Boards Performance and Quality Assurance Framework.

The Regional Rapid Response Steering Group will be responsible for overseeing and monitoring the IRRM model. Any pertinent themes or any issues will be identified and reported in this group into the Regional Safeguarding Board for consideration.