

## 7. Further Reading and courses

[NCMD-Suicide-in-Children-and-Young-People-Report.pdf](#)

[Surrey-Thematic-Review-of-Probable-Adolescent-Suicides-18-month-update-report.pdf \(surreyscp.org.uk\)](#)

[Thematic-Review-of-Adolescent-Suicide-FINAL-Dec-2020.pdf \(surreyscp.org.uk\)](#)

[Infographic A3 \(surreyscp.org.uk\)](#)

[PSHE Essentials wider wellbeing free training opportunities 2022 - 2023 - Healthy Surrey](#)

## 1. Introduction

In October 2021, several serious incident notifications with subsequent Rapid Reviews were undertaken by Surrey Safeguarding Children Partnership (SSCP) following the deaths of Surrey children from probable suicide which did not meet the criteria for a Child Safeguarding Practice Review

Suicide is a very complex issue and it is difficult to know the precise motivation or triggers for a child's decision. However, it is important for the safeguarding system to consider the factors which were present in each child's circumstances and how these interacted and affected the risk profile of each child.

## 2. Key Findings

From the 14 factors present in child suicides reviewed by Child Death Overview Panels (CDOPs) in England from 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020, 12 factors are present in the recent deaths, the factors that overlapped are detailed below.

1. *household functioning*
2. *loss of key relationships*
3. *unidentified mental health needs in the child*
4. *risk-taking behaviour*
5. *conflict in key relationships*
6. *bullying*
7. *social media and internet use*
8. *neurodevelopmental condition*



## 6. Recommendation 3:

- National and local protocols, including the Joint Surrey Protocol for the Provision of Local Authority Accommodation should be fully implemented and monitored. The Police in Surrey have adopted the Youth Justice Board's Child First approach and there are regular meetings between Police, Youth Justice Service and Children's Services to review overnight detentions of children in custody and requests for alternative accommodation.

## 3. Findings continued

The presence of such high numbers of the factors above would indicate increased vulnerability, warranting in-depth assessment to understand the potential risk of suicide and to ensure a package of support can be offered. Practitioners working with children and young people where multiple factors are identified and assessed as medium to high risk must assume that children are in emotional distress and need support. The NCMD report (Figure 7, p.30), states that "it is important to note that the accumulation of background risk factors can lead to increased vulnerability, and many of the deaths of children and young people reviewed by CDOPs had multiple adverse factors in their backgrounds."

## 5. Recommendation 2:

Specialist training should be available for all professionals working with Children and Young People within Surrey who have been identified as being at risk of suicide and/or self-harm.

This evidence-based training should focus upon

- Identifying, managing and mitigating risk factors.
- Improving professionals' skills and confidence to have 1:1 conversations with identified children, young people and their families about self-harm and suicide.
- Supporting staff to work within the Family Safeguarding Model
- Increasing professional understanding of why children and young people might use self-harm as a coping mechanism and identify positive consistent responses to incidents of self-harm
- Joint planning and working with identified children at all levels of risk.
- Services and schools working to strengthen a Surrey Healthy Schools approach to well-being, health, inclusion, and achievement.
- Supporting professionals with the emotional impact on themselves of working with these children and young people.

## 4. Recommendation 1:

- MindWorks Surrey (previously known as CAMHS), should ensure that staff and clinicians in the Access and Advice Team (AAT) are supported to effectively engage with children and young people identified as reluctant and ambivalent to services and negotiate consent for engagement.