INTRODUCTION

The RSCP carried out case reviews following the sad deaths of two adolescent girls aged 12 and 16 by suicide in 2022. Whilst the cases were unconnected, the learning from both included similar themes, of mental health, self-harm, and transitions, outlined in this short briefing which aims to provide an accessible tool to share the learning from both cases. <u>RSCP training in 2023 – 2024</u> relevant to this learning includes Trauma Informed Safeguarding, Understanding Child and Adolescent Mental Health, Voice of the Child, Professional Curiosity, Understanding Loss, Grief and Bereavement and the Effects of Children and Families.



Learning from Case Reviews: Adolescent Suicide

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Creating an understanding for professionals of a child, their views, and feelings by ensuring provision of a trusted adult with whom they can share anxieties and struggles with at an early stage. This could include commissioning specific independent counselling to provide a child time and space to explore their own emotions. A high percentage of <u>case</u> reviews cite a lack of evidence of the voice of the child in care planning, risk assessment, and case recordings.

PARTNERSHIP WORKING

Development of joint multi-agency plans at Level 2 (CAF) to address risk and support consistency in multi-agency working, utilising representation from all relevant agencies/services. Use of opportunities for informal discussions and intelligence sharing through relationship building across agencies. Use <u>escalation protocols</u> to address issues such as delays in strategy meetings and any disagreements between professionals. Share key appointment dates with other agencies involved to enable them to support and follow up on any unkept appointments.

7 MINUTE BRIEFING

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INFORMATION SHARING AND RECORD KEEPING

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Education providers to share safeguarding concerns at the point of transition. Ensure all relevant services are aware of issues such as minor self-harm that may escalate or health issues e.g., <u>continence</u>. Accurate recording of personal details and family structure to enable understanding of extended family relationships, including step-family and older siblings who may have left home but still be part of the child's life. Record the child's journey through a service, attendance at appointments, whether 'virtual' or face-to-face and if the child was seen alone. Follow the <u>Government's Information sharing advice for</u> <u>practitioners providing safeguarding services</u>. 3

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TRAUMA INFORMED PRACTICE AND DIRECT WORK

Respond to early childhood experiences, the impact of any abuse on mental health or loss within the family by suicide, through a <u>trauma informed approach</u> and provide access to specialist support.

<u>Direct work</u> sessions should always be planned and purposeful and record the child's contribution and any observations made by the professional. They should be pieces of co-production. Recognition that times of transition in education can increase vulnerability and risk, as in any change.

THINK FAMILY

Bring together all professionals working with a family, with the child in the centre in a <u>'think family'</u> <u>approach</u>. Develop an understanding of the wider context of family life, relationship dynamics, functioning and culture. Take care to include the <u>father's voice</u>. Ensure the impact of parental or older siblings mental health and substance misuse is understood. Consider any lasting impact of the COVID-19 pandemic from periods when families were not as engaged with services or not seen. Work in a sensitive and flexible manner with the bereaved.

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Ensure support is available to any staff working with a child who dies and be aware of <u>vicarious trauma</u>. Specialist organisations, such as <u>Papyrus</u>, provide training and support in relation to suicide. Provision of opportunities for shared training and 'shadowing' to improve understanding of roles and responsibilities. Development of professional curiosity to ensure that issues are fully explored e.g., early childhood exposure to sexual material. Professional interpreters should always be used where needed, not other family members.

WORKFORCE

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