
Report To: Inverclyde Integration Joint Board **Date:** 14 May 2019

Report By: Louise Long
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Inverclyde Health & Social Care Partnership **Report No:** IJB/30/2019/AS

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Subject: **INVERCLYDE MULTI-AGENCY GUIDELINES FOR RESPONDING TO SELF-HARM AND SUICIDE IN CHILDREN AND YOUNG PEOPLE**

1.0 PURPOSE

- 1.1 The purpose of this report is to bring to the attention of the Integration Joint Board the Inverclyde Alliance (Community Planning) development of work to support children and young people who may be at risk of self-harm and suicide.

2.0 SUMMARY

- 2.1 Both a national and local priority is to sustain and improve the mental health and wellbeing of children and young people, along with safeguarding, forming a key commitment that is an integral part of ongoing priorities for Inverclyde.
- 2.2 Recent high-profile cases, and subsequent reports and policy guidance, such as:

The fatal accident inquiry into the deaths on the Erskine Bridge (2012); the SCSWIS Practice Guide on Suicide Prevention for Looked After Children & Young People (2011); and Responding to Self-Harm in Scotland Final Report (2011), have contributed to begin to establish best practice in responding to self-harm and suicide.

With particular regard to the Erskine Bridge Fatal Accident Inquiry (2012) – ‘Local authorities should commission a set of guidelines for staff working with looked after and accommodated children about recognising and mitigating suicide risk in this client group. These guidelines should include the requirement to develop a detailed management protocol.’

- 2.3 A multi-agency writing group, with membership drawn from Inverclyde Council’s Education Psychology, Specialist Children’s Services, Social Work, Health Visiting and Health Improvement, was established to devise a draft of the guidance, utilising best practice from the guidelines already published in other areas and adapting for an Inverclyde context.

In addition, a freelance writer was independently commissioned to develop the guidelines.

3.0 RECOMMENDATIONS

- 3.1 The Integration Board is asked to note this report, its contents and the positive work undertaken in the development of these guidelines;
- 3.2 The Integration Board is asked to ensure a commitment is made, as a partner within the Inverclyde Alliance, to reflect these developments in its services strategic planning and operational delivery.

**Louise Long
Chief Officer**

4.0 BACKGROUND

- 4.1 Over the years, several policy drivers have considered the aspects of improving the mental health of children and young people. The latest Scottish Government's 10-year mental health strategy places children and young people at the heart of the early intervention and prevention agenda. Moreover, other policy drivers, such as the 5-year Strategy for Mental Health Services in Greater Glasgow and Clyde 2018-2023 is informed by a range of documents including the Scottish Government's Mental Health Strategy and the Healthy Minds 2017 report by NHS GG&C's Director of Public Health.
- 4.2 Given the directive outlined above from the Erskine Bridge Fatal Accident Inquiry, there was a responsibility placed on local areas to develop guidelines, a multi-agency approach was adopted locally.
- 4.3 The multi-agency guidance has been created to support staff and specifically **frontline responders**, across all partner services, to provide a caring and appropriate response to children and young people experiencing emotional distress and who may be at risk of self-harm or have thoughts of suicide.

The document encompasses guidance for staff for both self-harm and suicide in a single document. This may infer an inevitable link and may cause concern, as self-harm and suicide are distinctly different behaviours, with very different intent and motivations.

Creating a document that includes but separates the two behaviours is the most effective way to ensure staff are capable of responding appropriately to young people experiencing suicidal ideation as well as the small proportion of young people who move from self-harm to suicide and the larger numbers whose self-harm does not lead to suicide.

In addition, this format will help to dispel the myths around the two behaviours and clarify the distinct features of each.

- 4.4 Noteworthy is the extensive and robust consultation processes that the document has had, including discussions with several key professional stakeholders in social work, education services, 3rd sector agencies and young people themselves. As is evident in the guidelines, their voices have been pivotal in the document's construction, along with valuable input from Inverclyde Council's Legal Services.
- 4.5 Scrutiny of the guidelines has been mainly through the Joint Children's Services Plan Group and the Inverclyde Child Protection Committee.

Future governance arrangements are being recommended to the Inverclyde Alliance by the Joint Children's Services Plan Group. The guidelines will be submitted for approval to a future meeting of the Alliance Board.

- 4.6 In terms of the implementation of the guidelines, there are planned training/up skilling workshops that will be delivered on a multi-agency basis and the further creation of an easy reference leaflet that captures the main points of the guidelines that will be used by the first responders.

5.0 IMPLICATIONS

FINANCE

5.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

5.2 There are no specific legal implications arising from this report.

HUMAN RESOURCES

5.3 There are no specific human resources implications arising from this report.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

X	YES an EQIA will be carried out using the Inverclyde Council processes, for presentation to the Inverclyde Alliance.
	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None

Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None
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CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

- 8.1 Inverclyde Multi-Agency Guidelines to Support Children and Young People at Risk of Suicide and Self-harm.