CELCIS's response to the Scottish Government's consultation on 'A new Suicide Prevention Strategy for Scotland'

CELCIS, the Centre for Excellence for Children's Care and Protection, based at the University of Strathclyde, is a leading improvement and innovation centre. We improve children's lives by supporting people and organisations to drive long-lasting change in the services they need, and the practices used by people responsible for their care. We welcome the opportunity to respond to the Scottish Government's consultation on 'A new Suicide Prevention Strategy for Scotland'. To help inform and influence proposed strategy, our response outlines pertinent issues relevant for preventing suicide and promoting the wellbeing of care experienced children and adults. Our response is drawn from engagement with research evidence, as well as practice experience and policy expertise offered through our long-standing, cross-organisational networks of people with lived experience, and people across the children's and social care workforce.

We welcome the attention to detail in the proposed Suicide Prevention Strategy, including the detail in the Action Plan, and the consideration of how the content in the proposed strategy and action plan will be delivered. We broadly agree with the vision, guiding principles, outcomes and details of the strategy and the content of the action plan. However, some of the strategy and action plan would benefit from further elaboration, including around how support will be available to the workforce who would have a role in implementing the proposed strategy, that enables them to implement the measures within it. There should also be consideration of how the Scottish Government and other corporate parents will work together to implement the strategy. There is also a need for more clarity around the connection between the proposed strategy and the current Suicide Prevention Strategy, Every Life Matters. This must include clear communication on progress made since this existing strategy was published in 2018, and where further progress is needed. Doing so will enable us to build on the successes and progress made since the current strategy commenced, and better understand what areas still require improvement. This should include reporting on the planned 'transformational change' to Child and Adolescent Mental Health Services (CAMHS)[1], as well as the development of resources to support young people transitioning between child and adult mental health services, as set out in Action 8 of Every Life Matters. Future plans must build on this work to ensure children and young people can access the services they need, and to reduce lengthy waiting periods before children and young people can access support in mental health services.[2]

Care experienced people and the prevention of suicide

Every child or young person is unique, with their own individual experiences, circumstances and needs. All care experienced children or young people will have encountered difficulties in their lives, often experiencing trauma, abuse,

[1] Scottish Government (2018) *Scotland's Suicide Prevention Action Plan, Every Life Matters* (page 16)

[2] Health, Social Care and Sport Committee (2022) Health and Wellbeing of Children and Young People, Edinburgh; Scottish Parliament; Public Health Scotland (2021) Child and Adolescent Mental Health Services (CAMHS) waiting times quarter ending March 2022, Glasgow: Public Health Scotland;

and neglect. Many have experiences of loss and separation from important people in their lives that can have a detrimental impact on their development, wellbeing and their opportunities, and for some the impact of these experiences can be felt across their life course. Evidence shows that there are a range of factors that are associated with or influence the likelihood of a person to be at risk of, suicide. There are complications in how Scotland records and understands data when a care experienced child or adult has died in Scotland. Research on children, and/or care experienced people who have committed suicide in Scotland is limited and dated,[3] more research is needed in Scotland to understand the picture nationally. However, international research shows a significant link between care experience and a risk of suicide. Evidence from a robust systematic review showed that adults who have experience of state care have a suicide rate that is three times higher than those who have not experienced care, and that this risk remains later into adulthood beyond transitions from care.[4]

Evidence from an analysis of information regarding children and young people who die by suicide points to the impact of adverse experiences in childhood on increased risk of suicide[5] This includes research find[6] The increased likelihood of care experienced people being at risk of suicide may be due in part to an increased exposure to childhood adversity. The individual circumstances, experiences and needs of every care experienced child or young person varies, and care must be taken in understanding a population-level relationship between childhood adversity and risk of suicide. This includes a need for improved understanding of the impact of ACEs and trauma on an individual's development, including on the development of coping strategies that will reduce risk of suicide, and how care can be provided to children.

The risk factors that affect care experienced people are not confined to childhood adversity. One recent research study has found that the correlation between care experience and risk of suicide remained even when childhood adversity that resulted in them entering the care system was accounted for.[7] Other risk factors identified from research include: disruption or breakdown of relationships; social isolation; bullying; or online abuse. Everyone can be affected by these issues, but care experienced people are more likely to be affected by relationship breakdown, instability or isolation,[8] due to issues with their care which are

[3] McLean J, Maxwell M, Platt S et al (2008) Risk and Protective Factors for Suicide and Suicidal Behaviour: A Literature Review, Edinburgh: Scottish Government; https://www.iriss.org.uk/resources/insights/understanding-suicide-self-harm-children-care-leavers

[4] Batty, G.D., Kivimäki, M., Frank, P. (2022) *State care in childhood and adult mortality: a systematic review and meta-analysis of prospective cohort studies,* Lancet Public Health 2022; 7: e504–14

[5] Rodway, C., Tham, S., Ibrahim, S., Turnbull, P., Kapur, N., Appleby, L. (2020) *Children and young people who die by suicide: childhood-related antecedents, gender differences and service contact,* BJ Psych Open (2020) 6, e49, 1–9; Couper, S. and Mackie, P. (2016) 'Polishing the Diamonds' Addressing Adverse Childhood Experiences in Scotland. Edinburgh: Scottish Public Health Network (ScotPHN)

[6] Couper, S. and Mackie, P. (2016) 'Polishing the Diamonds' Addressing Adverse Childhood Experiences in Scotland. Edinburgh: Scottish Public Health Network (ScotPHN)

[7] Batty, G.D., Kivimäki, M., Frank, P. (2022) *State care in childhood and adult mortality: a systematic review and meta-analysis of prospective cohort studies,* Lancet Public Health 2022; 7: e504–14

[8] Who Cares? Scotland (2020) The impact of COVID-19 Guidance on Scotland's Care Experienced Community; Hicks, L., Simpson, D., Mathews, I., Crawford, K., Koorts, H. & Cooper, K. (2012) *Connected Communities: Communities in care - A scoping review to establish the relationship of community to the lives of looked after children and young people*, University of Lincoln; Dixon, J. (2008) "Young people leaving care: health, well-being and outcomes", *Child & Family Social Work*, vol 13, pp207-17

outwith their control.[9] These factors must be considered in the context of an individual's life, looking beyond childhood adversity into the experiences and needs of children as they grow up and into adulthood, including where children live; relationships with their families and/or carers; their peer groups and their online experiences – all of these can also be protective factors to mitigate the risk of suicide.[10]

Research has also shown that the risk of suicide increases when a child or young person knows other people who have died.[11] This requires attention to the needs of some groups of children's in care who are impacted their living contexts, for example, children who live with peers who have also experienced adversity, such as in residential care or secure care,[12] are more likely to be impacted by this risk. Analysis of Census data in England and Wales shows that children in residential care are disproportionately at risk of early death in comparison to other care experienced children, particularly from life limiting illnesses or through accident.[13]

Understanding these risks in the individual circumstances of a child or young person's life is an important part of the support and care they receive. Providing support must happen early in children's lives to prevent escalation of need, as well as throughout their care journey and into adulthood. The support offered must be appropriate to the child or young person's needs at that time, whether this is from those who care for them day-to-day, or by practitioners who offer specialist or crisis support. Training and support specific to the practitioners who support children in these contexts is critical.[14]

Data and recording in Scotland

Our understanding of how many care experienced people in Scotland have tragically died due to suicide is complex. There is evidence indicating that there are inequalities in terms of premature mortality for individuals who have care experience in comparison with those who do not.[15] Some children become formally 'looked after' in Scotland precisely due to having life-limiting health conditions, in order to be supported by specialist services and accommodation. However, even when this is accounted for, studies using Census data indicate the mortality rates for people who were once in care are higher than their peers, especially for those with experience of residential care.[16]

[9] CELCIS (2020) The Permanence and Care Excellence (PACE) programme Improvement in practice: leading positive change for children's services, Glasgow: CELCIS

[10] McLean J, Maxwell M, Platt S et al (2008) Risk and Protective Factors for Suicide and Suicidal Behaviour: A Literature Review, Edinburgh: Scottish Government

[11] Hawton K, Saunders K and O'Connor R (2012) Self-harm and suicide in adolescents, The Lancet, 379, 2373-2382

[12] Gough, A. (2016). *Secure Care in Scotland: Looking Ahead*. Glasgow: CYCJ

[13] Sacker, A., Lacey, R., Maughan, B. and Murray, E, (2021) The lifelong health and wellbeing trajectories of people who have been in care: findings from the Looked-after Children Grown up Project The LACGro Project, London: Nuffield Foundation

[14] https://content.iriss.org.uk/youthjustice/sc-family.html

[15] Sacker, A., Lacey, R., Maughan, B. and Murray, E, (2021) The lifelong health and wellbeing trajectories of people who have been in care: findings from the Looked-after Children Grown up Project The LACGro Project, London: Nuffield Foundation

[16] Sacker, A., Lacey, R., Maughan, B. and Murray, E, (2021) The lifelong health and wellbeing trajectories of people who have been in care: findings from the Looked-after Children Grown up Project The LACGro Project, London: Nuffield Foundation

A new system in Scotland for recording and reviewing the deaths of all children and young person up to 26 who are receiving aftercare or living in a Continuing Care arrangement commenced in 2021. This National Hub aims to learn from, and prevent any future premature deaths, with additional duties for local authorities to leading multi-agency reviews each time there is a death, as well as reporting the deaths and circumstances of these deaths to the Care Inspectorate.[17] However, there is still a gap in an understanding of the experiences of care experienced people who have moved on from care. Scotland does not collect data for young people who are no longer in receipt of aftercare or continuing care, and therefore in those circumstances it is unknown when a care experienced person dies due to suicide. There is an urgent need to widen the reporting criteria to include all care experienced adults, in order to better understand and prevent suicide.[18]

Practice to support care experienced children and young people

Whilst it is important to have a clear understanding of how many care experienced people have tragically died because of suicide, there are a range of support measures which can and should be implemented with immediacy, which will have a positive impact on the factors affecting mental health and wellbeing. These measures include ensuring that all children and adults can access the support they require when they need it; early support for families; measures to mitigate poverty; support for consistent and stable relationships; and support for the workforce who support children and young people. The commitment to embed many of these measures is well established in Scotland through the GIRFEC model, and all of these measures fall within the recommendations, and subsequent commitment to implement The Promise of the Independent Care Review.[19]

The reports published by the Care Inspectorate on the deaths of 'looked after' children include learning from these tragic deaths. The practice recommendations drawn from these reports affirm the importance of these measures. These include:

- earlier identification of high levels of risk;
- joint working;
- continuity of relationships;
- services to improve mental wellbeing' and sustaining these children within their school community.[20]

Early support for families

Support for families when they first need help is a critical element of supporting the needs of children and young people. It enables children to thrive and remain within their families, and is integral to protecting and promoting the wellbeing of

[17] Care Inspectorate (2021)Reviewing and learning from the deaths of children and young people in Scotland

[18] Lough Dennell, B; McGhee, L; Porter, R. (2022) *Continuing Care: An exploration of implementation*. Glasgow: CELCIS.

[19] Scottish Government (2022) Keeping the promise to our children, young people and families

[20] Care Inspectorate (2020) A report on the deaths of looked after children in Scotland 2012-2018 An overview from notifications and reports submitted to the Care Inspectorate

children across a child's lifetime and into adulthood. Early family support aims to reduce the instances of adversity in childhood, and supports families to reduce the impact of adversity, or the likelihood of trauma resulting from any adverse experiences. As such it is one of the five foundations of The Promise.[21] Due to the strong relationship between early childhood adversity and risk of suicide, early support for families has been recognised by international research, such as by the Northern Ireland Commissioner for Children and Young People in 2012, as essential to prevention of suicide for children and adults, especially for those with care experience.[22]

As such, we welcome the reference to the Whole Family Wellbeing Fund in the Action Plan, as this fund will begin to facilitate the systematic changes required to meet the commitment to early family support in The Promise. Doing so will require capacity building within statutory services, where it has often been necessary to focus on meeting of families at crisis point, as well as ensuring that the third sector and communities across Scotland are equipped to offer the right support, at the right time, that meets individual needs. Evidence,[23] including our experience of building and sustaining complex systems and service improvement, shows that changes, such as ensuring that all families who require support can access this support, will take time establish. There will be a need for sustained attention from both national and local government to embedding early family support. We would suggest that the scale and ongoing nature of this task is reflected in the Action Plan, especially regarding planned work across Scottish Government departments.

Access to the right support

The success of the proposed Suicide Prevention Strategy will depend on the availability of high quality, relationship-based and skilled support that meets the needs of children and adults. This includes early and/or preventative support from universal and community services, as well as from specialist or crisis support services where a person requires this. The type of support a person might require extends beyond mental health support from health services, it may include support from any other health services; staff in education, from early years, schools, further and higher education; educational psychology services; housing, benefits, or financial support; social workers and care workers; police; as well as community and third sector organisations such as youth work, advocacy, helplines, or domestic abuse services. However, evidence from research,[24] accounts from children and young people,[25] as well as practitioners, is clear that too often the support people need – whether this is

[21] Independent Care Review (2020) *The Promise* Glasgow: Independent Care Review (page 45)

[22] Devaney J, Bunting L, Davidson G et al (2012) Still Vulnerable: The Impact of Early Childhood Experiences on Adolescent Suicide and Accidental Death, Belfast: Northern Ireland Commissioner for Children and Young People

[23] Fixsen, D. L., Naoom, S.E., Blasé, K.A., Friedman, R.M., & Wallace, F (2005) Implementation Research: A synthesis of the literature. Tampa, FL: University of South Florida, The National Implementation Research Network.

[24] Galloway, S (2020) Challenges from the Frontline – Revisited, Supporting families with multiple adversities in Scotland during a time of austerity, NSPCC; Galloway, S., Love, R., & Wales, A. (2017) The Right to Recover: Therapeutic services for children & young people following sexual abuse, An overview of provision in the West of Scotland, NSPCC; National Youth Agency (2021) Initial Summary of Findings from the National Youth Sector Census

[25] Independent Care Review (2020) The Promise (page 45). Independent Care Review (2020) Evidence Framework. (page 45)

co-ordinated by statutory systems or by the individual who requires support, is not available when they need it.[26]

There continues to be significant gaps in the support available for children experiencing mental health issues, including the crisis support offered through Child and Adolescent Mental Health Services (CAMHS). CAMHS services support children who are experiencing a crisis in their mental health and who are urgently in need of specialised support in order to be safe. However, over the last few years, half of all children needing this support or assessment are starting treatment within an average of either seven or nine weeks, and three out of ten children are not being seen within eighteen weeks.[27] These delays to crisis mental health support are extremely concerning and must be urgently addressed to protect the wellbeing of children. It is equally important that children and young people can access early and preventative support in their schools and communities to prevent further escalation of mental ill health.[28] This requires funding to be available for both CAMHS across Scotland, in addition to the sustained funding of early and preventative support.

Measures to address poverty

The Promise emphasizes that addressing poverty is a key factor in improving the wellbeing of children and of supporting families.[29] Evidence has repeatedly shown that there is a complex link between poverty, child abuse and neglect.[30] The cumulative effect of the stresses and difficulties of living with poverty mean that for some families, there is an impact on the children's care.[31] Financial support for families experiencing poverty must be considered as a part of family support.[32] In addition to the role of poverty in supporting families and holding a preventative role in childhood adversity, the Marmot Review into health inequalities in England demonstrated a clear relationship between poverty (measured through deprivation in a local area) and life expectancy,[33] finding a direct link between suicide and poverty. [34]

[26] There are gaps in available evidence around current service provision for children and adults in Scotland. In addition to evidence around access to CAMHS and to specific types of services across certain areas of Scotland, we have anecdotal evidence from the networks of practitioners and people with lived experience which CELCIS hosts and/or is a member of. The gaps in support for children and adults, including both within the third sector and for support is accessed through statutory systems such as Children's Hearings or Child Protection measures has been a consistent message from these networks.

[27] Ibid.

[28] Youthlink Scotland (2020) *Lockdown lowdown, A survey of young people in Scotland about their 'new normal' lives as lockdown restrictions change;* YoungScot (2021) *Lockdown lowdown 3, what young people in Scotland think as lockdown begins to ease;* Children and Young People's Commissioner Scotland (2020) Independent Children's Rights Impact Assessment, Edinburgh: Children and Young People's Commissioner Scotland; Christina McMellon, C. and MacLachlan, A. (2020) APPENDIX 2: Mental Health: Children's Rights Impact Assessment (CRIA), Edinburgh: Children and Young People's Commissioner Scotland

[29] Independent Care Review (2020) *The Promise* Glasgow: Independent Care Review (page 17)

[30] Bywaters, P, Skinner, G, et al. (2022) *The Relationship Between Poverty and Child Abuse and Neglect: New Evidence*, Nuffield Foundation.; Bywaters, P, et al., (2016) *The relationship between poverty, child abuse and neglect: an evidence review*, York: Joseph Rowntree Foundation. Pg.3

[31] Scullin, K & Galloway, S (2014) *Challenges from the frontline: Supporting families with multiple adversity at time of austerity*, Barnardo's & NSPCC.

[32] Independent Care Review (2020) *The Promise* Glasgow: Independent Care Review (page 17)

[33] Marmot, M., Allen, J., Boyce, T., Goldblatt, P., Morrison, J. (2010) Fair Society, Healthy Lives The Marmot Review

[34] Institute of Health Equity (2020) Health Equity in England: The Marmot Review 10 years on (page 3)

The COVID-19 pandemic compounded the impact of poverty and inequality on individuals, families, and communities. Research with children,[35] and with care experienced young people and adults, have well documented the impact of the pandemic on their wellbeing.[36]

The mounting 'cost of living crisis' is further exacerbating concerns around the impact of poverty in the support needs of families. Poverty which is often resulting in a crisis point for families and individuals where they are forced to sacrifice essentials such as heat, meals, fuel or hygiene.[37] We welcome the acknowledgement of the impact of poverty within the proposed strategy; this will require sustained attention as the impact cost of living crisis is further felt, to ensure that every foreseeable action is taken to mitigate the impact of poverty on the wellbeing of the Scottish population.

Support for children and young people leaving care

For all children, supportive, enduring relationships with those who care for them are the 'golden thread' in their lives. For children and young people who have experienced disruption or adversity in important relationships, it is crucial that the quality of these relationships is prioritised.[38] This is relevant to the developmental needs of children as they grow up, including support to for their mental health and wellbeing, recovery from trauma and to develop coping techniques that can mitigate risk of suicide.

Despite this, care experienced children and young people report feeling that relationships with the people who care for them are often not prioritised, and that they are not supported to sustain relationships with significant adults in their lives as they grow up.[39] This is too often the case as care experienced children and young people grow into young adults. The most recent data on the age at which care experienced young people leave the home where they have been cared for in Scotland is from 2015 and records that the average age is 17.[40] This is in stark contrast to the average age for the general population leaving the family home in Scotland, which is around 26 years.[41] This means that emotional, financial and practical support is suddenly ruptured, leaving care experienced young people to cope with the complexities of independent living at a very early age. This has a huge impact on their wellbeing,[24] with many care leavers feeling isolated,[42] and/or expressing financial worries.[43]

There are also significant and enduring gaps in the support provided to children and young people as they grow into adulthood. Differences in the statutory frameworks between child protection and support and adult protection and

[35] Children's Parliament (2020) *How are you doing? A report on the findings from the How are you doing? survey* (page 40)
[36] Who Cares? Scotland (2020) *The impact of COVID-19 guidance on Scotland's care experienced community*
[37] Schmuecker, K., Matejic, P., Bestwick, M. and Clark, T. (2022) Going without: deepening poverty in the UK, Joseph Rowntree Foundation
[38] The Care Inquiry (2013) *Making Not Breaking: The Findings & Recommendations of the Care Inquiry*. Adoption UK.
[39] Coram Voice (2015) *Children and Young People's Views on Being in Care - A Literature Review*, University of Bristol
[40] CELCIS (2015) *Housing Options and Care Leavers: Improving Outcomes into Adulthood* Glasgow: CELCIS
[41] 'A Way Home Scotland' Coalition. (2019). *Youth homeless prevention pathway: Improving care leavers' housing pathways*
[42] Who Cares? Scotland (2020) The impact of COVID-19 Guidance on Scotland's Care Experienced Community
[43] Baker, C. (2017) *Care leavers' views on their transition to adulthood: A rapid review of the evidence.* Coram Voice

support mean that children and young people who have been supported up to the age of 16 (or 18) might not fit the criteria to receive support for adult services. This can create a level of risk for children and young people who can be caught in between child services and adult services, leaving many young people without adequate support. This can increase their risk of being in unsafe situations or, if they have significant support needs, there may increase or be compounded if these have not been fully met earlier in childhood.[44]

These gaps in support and interruption to relationships have a significant impact on care leavers. Extreme distress and loss of life due to suicide are the dire consequences of not meeting these needs adequately. It is imperative to understand the whole context of care experienced people's lives. We welcome the attention to the preventative factors behind suicide in the proposed strategy, including work across Scottish Government, and we would recommend that there is attention to the implementation of measures to support care leavers in this cross- governmental work. This must include the consistent implementation of legislation to support more care experienced people to be able to 'stay put' with their carers with continuing care, as well as enabling and encouraging positive, enduring relationships with their former carers.[45] Research by CELCIS on the consistency of the implementation of these legal duties offers learning around how stakeholders plan for and prioritise continuing care provision for young people.[46]

Support for the workforce

To provide care experienced children and adults with the care and support they need, deserve and have a right to, we must support and value those who care for them. This includes both their caregivers and the workforce across the breadth of statutory, third sector and community services in social care, in health, education, justice and youth work services, all of whom have a role in supporting children. Every policy aspiration to uphold the rights and support the wellbeing of children, families and adults is dependent on the care and skills of those who interact with them. The workforce who implement Scotland's Suicide Prevention Strategy, especially those who care for those at risk of suicide, must be valued and supported in this skilled work. For instance, residential childcare workers and foster carers caring for children and young people at risk of suicide. We welcome the consideration of the training needs of the workforce in the proposed Action Plan, including training programmes within the National Trauma Training Programme. In addition to training, the workforce must have the necessary support through line management arrangements and within supervision in order cope with the emotional impact of their practice, and must be able to access appropriate bereavement support if a person they care for dies.[47] The impact of line management and supervision being insufficient can

[44] Stein, M. (2012) Young People Leaving Care: Supporting Pathways to Adulthood

[45] Swain, V. (2016) *Keep Connected: Maintaining Relationships When Moving On*. TFN; Boddy J (2013) *Understanding permanence for looked after children*: A review of research for the Care Inquiry. London: The Care Inquiry.

[46] Lough Dennell, B; McGhee, L; Porter, R. (2022) *Continuing Care: An exploration of implementation*. Glasgow: CELCIS.

[47] Colton M and Roberts S (2007) Factors that contribute to high turnover among residential child care staff, Child and Family Social Work, 12 (2), 133-142; Furnivall J, Wilson P and Barbour R (eds) (2006) Only connect: addressing the emotional needs of Scotland's children and young people: A report on the SNAP Child and Adolescent Mental Health Phase Two Survey, Edinburgh: NHS Health Scotland

result in harm to a practitioner due to vicarious trauma, which may impact on the quality of their care. There may also be ramifications for the recruitment and retention of skilled staff, which impact on the consistent, relationship-based support that children need. Foster carers also need support from fostering agencies to enable them to provide the best possible care, particularly for children and young people who have experienced trauma.

Support from corporate parents

Statutory and universal services that support children, and that are provided by national or local government, have Corporate Parenting responsibilities.[48] To fully meet the needs of any care experienced child, corporate parents are required to work collaboratively to be alert to matters which might adversely affect the wellbeing of a child or young person, as well as to assess their needs, promote their interests and seek to provide opportunities that promote their wellbeing.[49] Collaborative and coordinated support is especially critical for children and young people who are at risk of suicide, where multi-agency responses will be crucial to keeping a person safe and ensuring they feel supported. For example, a practitioner may have built up a trusting relationship with a child, as well as knowledge of their needs and behaviours, that would enable them to understand when the child may be more at risk of suicide, but this practitioner might need support from other corporate parents to access and/or enact the support needed to act on the understanding of these risk factors.[50]

The responsibilities of all corporate parents, including NHS Health Boards, should be clearly set out in the proposed Suicide Prevention Strategy. This should include engagement and coordination with other corporate parents where there is overlap in the proposed work, such as around the drivers of increased risk of suicide.

Participation of children and young people with lived experience

We welcome the reference to the development of a Youth Advisory Group in the proposed strategy. This will contribute to upholding children's right to have their views considered in matters affecting them under Article 12 of the UNCRC. The participation of children and young people who have been affected by suicide is also important to ensure that their expertise informs the development and delivery of the strategy, meaning the strategy will be more likely to meet the needs of children and young people. To ensure that the expertise of the children and young people who sit on the Youth Advisory Group effectively informs the delivery of the strategy, there must be person-centred and trauma-informed support in place for all children and young people. There must also be equitable opportunity for children and young people to inform decision making processes in comparison to the influence of adults who sit on the Lived Experience Panel.

[48] Schedule 4 of the Children and Young People (Scotland) Act 2014
[49] Section 60 of the Children and Young People (Scotland) Act 2014
[50] https://hub.careinspectorate.com/media/1630/suicide-prevention-for-looked-after-children-and-young-people.pdf

Learning should also be taken from the work of the National Childhood Bereavement Project.[51]

Implementation of the Suicide Prevention Strategy

We welcome the consideration of how the proposed strategy will be delivered in the consultation documents. In the development of any policy there is a need for sustained attention to implementation to ensure that policy intentions translate into meaningful change to experiences and make a difference to children, young people, families and communities. There is a need for more information in the proposed strategy about the progress made since the current Suicide Prevention Strategy, Every Life Matters was published. This should include clear information about any actions that have not been progressed, and which of these will be progressed or revised in the new strategy.

The proposals aiming to coordinate work across Scottish society to address the social determinants of a risk of suicide are also welcome. This includes the proposed partnership approach of the National Suicide Prevention Leadership Group. Linking areas of national government which have a remit over the support that is required to prevent suicide will be critically important to the implementation of the strategy. There is a need for national leadership to effectively coordinate this policy with other ongoing policy change and improvement work, such as The Promise. This includes the effective communication and planning over who holds responsibility for the delivery of different areas of practice within the suicide prevention strategy for children and young people.

Whereas the responsibility over which service should support adults is often clear, there can be confusion over whether a response to a child in crisis sits with a service for children, or a specialised service with expertise in suicide prevention. Such services are often developed without an explicit focus on the needs of children, and thus are not child-centred, but more focused on the needs of adults. There is a need for greater alignment across the wider policy and practice agenda for children, young people and families in Scotland as evidenced by research,[52] and experiences share though the networks of practitioners across Scotland that CELCIS host or are a member of.

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[51] Includem (2022) National Childhood Bereavement Project Year One: Interim Report, Includem: Glasgow.
[52] Lough Dennell, B; McGhee, L; Porter, R. (2022) *Continuing Care: An exploration of implementation*. Glasgow: CELCIS.