

The Scottish Social Services Council is the regulator for the social work, social care and early years workforce in Scotland. Our work means the people of Scotland can count on social services being provided by a trusted, skilled and confident workforce.

We protect the public by registering social service workers, setting standards for their practice, conduct, training and education and by supporting their professional development. Where people fall below the standards of practice and conduct we can investigate and take action.

We:

- publish the national codes of practice for people working in social services and their employers
- register people working in social services and make sure they adhere to the SSSC Codes of Practice
- promote and regulate the learning and development of the social service workforce
- are the national lead for workforce development and planning for social services in Scotland
- are an ONS statistics provider.

Our response

1.1. Do you agree with the proposed vision, described below, for the new Suicide Prevention Strategy. [Y/N] Y

1.2. If you answered no, what would you change about the vision and why? You may also wish to outline what you think the vision should be. N/A

1.3.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Suicide prevention is everyone's business. We will provide					X

opportunities for people across different sectors at local and national levels to come together to connect and play their part in preventing suicide.					
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1.4.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
We will take action which addresses the suicide prevention needs of the whole population and where there are known risk factors such as poverty, marginalised and minority groups.					X

1.5.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
All developments and decisions					X

will be informed by lived experience. We will also ensure safeguarding measures are in place across our work.					
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1.6.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Effective, timely and compassionate support – that promotes recovery - should be available and accessible to everyone who needs it including people at risk of suicide, their families/carers and the wider community					X

1.7.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
We will ensure the needs of children and					X

young people are addressed and their voices will be central to any decisions or developments aimed at them.					
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1.8.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
To build the evidence base, quality improvement methodology and testing of new, creative and innovative practice will be embedded in our approach.					X

1.9. Please use the box below for any other comments you have in relation to principles:

The SSSC has no view on this.

1.10.

Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Outcome 1:</u> The environment we live in promotes the conditions which protect					X

against suicide risk – this includes our psychological, social, cultural, economic and physical environment.					
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1.11.

Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Outcome 2: Everyone has a clear understanding of suicide, its prevention, and associated risk and protective factors. Everyone is able to respond confidently and appropriately when they, or others, need support.					X

1.12.

Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Outcome 3: Everyone affected by					X

<p>suicide is able to access appropriate, high quality, compassionate, and timely support - that promotes recovery. This includes people of all ages who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.</p>					
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1.13.

Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<p>Outcome 4: All suicide prevention activity is designed with lived experience insight. Action will be informed by up-to date practice, research, intelligence, and improved by regular monitoring,</p>					X

evaluation and review.					
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1.14. Please use the box below for any other comments you have in relation to outcomes:

The SSSC supports the proposed outcomes for the New Suicide Prevention Strategy and Action Plan for Scotland. The SSSC promotes and regulates the learning and development of social work, social care and early years staff, including Mental Health Officers, across Scotland. Given our position in relation to the education of individuals who work in sectors that may be subject to a higher suicide risk than others, we would welcome the opportunity to share knowledge and experience of how to ensure relevant staff receive the education and information they need to respond when individuals in their care need support in relation to suicide.

We are part of Skills for Care and Development with our counterparts in England, Wales and Northern Ireland. This is the sector skills council for social service workers in the UK. Sector skills councils develop, maintain and update National Occupational Standards (NOS).

NOS form the basis of the SVQs in Social Services for people working with adults and children and young people. The NOS are written as high level outcomes which can then be applied to different areas of practice, such as suicide prevention. For example, SVQs will have a focus on wellbeing and safeguarding, which may provide an opportunity for suicide prevention to be addressed.

Degree qualifications such as the degree in social work degree cover contemporary practice in a range of ways including practice learning opportunities and modules on social care and mental health, but may not always go into the detail of specific areas of practice such as suicide prevention. Some students may choose to study suicide prevention in relation to a specific area of work or may work in services that provide that kind of support for their practice learning opportunity. Social work degrees must meet the Standards in Social Work Education (SiSWE) to allow an individual to register with us. We revised the SiSWE in 2018, with Standard 3 ensuring that social work degrees provide students with the knowledge, skills and competence to assess and manage risk to individuals, children, parents, families and extended families, carers, groups communities, self and colleagues. This standard is particularly relevant to the proposed Outcome 2 and Outcome 3 of this prevention strategy and action plan.

Following graduation, newly qualified social workers (NQSW) must complete a supported year. We support NQSWs and their employers through a dedicated website which offers a range of resources for post-qualifying learning and development. These resources cover topics including risk assessment and management, self care and wellbeing and resilience needs. These resources link with the need for social workers to be able to respond to and prevent risks to the mental health of the people they work with, and their own mental health.

The SSSC also supports the learning and development of Mental Health Officers. We do this in several ways. We approve and quality assure the Mental Health Officer Award. We do this by working closely with the three university MHO programmes in Scotland that deliver the award, this includes enhancing provision where appropriate. For example, the MHO award at Robert Gordon University contains the following content:

SCQF Level 11 modules - Mental Wellbeing and Mental Disorder, Adults with Incapacity and Mental Disorder - Offenders, Young People and Families.

Provide the knowledge, skills and practice experience to exercise the civil powers and duties of the MHO within the Mental Health (Care and Treatment) (Scotland) Act 2003, and Adults with Incapacity (Scotland) Act 2000 and guidance pertaining to mentally disordered offenders and children, young people and families.

We also work in partnership with the national MHO forum, Social Work Scotland and the Scottish Association of Social Workers to develop resources to support practice including learning in relation to new mental health legislation and the annual MHO study day. Over the past three years we have supported the recruitment of more MHOs through funding provided by the Office of the Chief Social Work Adviser in Scottish Government to local authorities. This funding provides that, if an employer provides funding for one MHO, the Scottish Government will provide additional funding to the employer to put an additional person through the MHO award. While this programme is not designed specifically to support suicide prevention, we believe that higher numbers of MHOs across Scotland will contribute to this policy area as well as others. We also provide specific workforce data on the numbers of MHOs working in Scotland via our annual Mental Health Officers (Scotland) Report.

1.15.

Do you agree that the Suicide Prevention Strategy and Action Plan should have this as a priority area?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk					X

1.16.

Do you agree that the Suicide Prevention Strategy and Action Plan should have this as a priority area?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Strengthen Scotland's awareness and responsiveness to suicide and suicidal behaviour					X

1.17.

Do you agree that the Suicide Prevention Strategy and Action Plan should have this as a priority area?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Promote & provide effective,					X

timely, compassionate support - that promotes recovery					
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1.18.

Do you agree that the Suicide Prevention Strategy and Action Plan should have this as a priority area?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Promote a co-ordinated, collaborative and integrated approach					X

1.19. Please use the box below for any other comments you have in relation to priorities:

We would welcome the opportunity to work closely with the Scottish Government or other stakeholders to ensure that the social work, social care and early years sectors are aware of and able to respond to suicide and suicidal behaviour in people who use services, their colleagues and themselves.

1.20. Do you agree with the proposed approach to delivery and the new Scottish Delivery Collaborative? [Y/N] Y

1.21. If you answered no, please provide details why. You may also want to provide suggestions for an alternative approach.

At a national level, we propose to adjust our existing National Suicide Prevention Leadership Group so that it can champion and drive suicide prevention through a partnership approach; advise SG & COSLA on progress on the Strategy and changes needed to direction/ priorities; and advise the Delivery Collaborative on delivery. We will include new members to ensure our leadership group offers a wider representation of the lived experience of people who are suicidal, organisations focused on poverty and minority groups, and organisations working in key settings, such as justice and education.

1.22. Do you agree with the proposed approach to national oversight and the adjustments to the role of the National Suicide Prevention Leadership Group? [Y/N] Y

1.23. If you answered no, please provide details why. You may also want to provide suggestions for an alternative approach.

The SSSC would welcome the opportunity to contribute to the work of the National Suicide Prevention Leadership Group.

1.24. Please use the box below for any other comments you have in relation to delivery and governance: N/A

Anything Else? Is there anything else you want to tell us about the proposed Strategy document? N/A

2.1 Please use the box below to provide your thoughts about the actions contained under Theme One: Whole of Government and Society Policy. In answering this question you may want to consider:

- If you agree with the proposed actions outlined.
- If there are any proposed actions you disagree with and why.
- If there are any actions you think we should consider that haven't been included in the document.

N/A

2.2

Theme Two: Access to Means					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
Develop a comprehensive, cross sector Action Plan to address locations of concern, with					X

an initial focus on falling/jumping from height (and which complements the national guidance).					
Consider priority actions on access to means following the Delphi study – including wider work on locations of concern which includes waterways, railways and retail outlets.					X

2.3 Please use the box below for any other comments you have in relation to theme two: N/A

2.4

Theme three: Media Reporting					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
Work with national and local media sector to hold a series of awareness raising events about responsible media reporting (including					X

social media) which begins to support change in media reporting of suicide. Scope to draw on lived experience insight.					
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2.5 Please use the box below for any other comments you have in relation to theme three: N/A

2.6

Theme four: Learning and Building Capacity					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
Evaluate our social movement and campaigns to ensure they reflect emerging good practice and are having the desired reach and impact, and draw on wider learning, for example from See Me.					X
Implement actions from the review of learning approach to suicide					X

<p>prevention to ensure it is fit for purpose and meets the different needs of the workforce and communities alike. This will likely lead to a tailored and targeted learning approach and resources – including to focus on areas where our learning approach can achieve the greatest system-wide impact. To support that we propose carrying out at least two tests of change to support learning and support.</p>					
<p>Support the embedding of the Whole School Approach to Mental Health and the Children and Young People’s Mental Health and Wellbeing professional learning resource, which includes suicide prevention, and</p>					X

share good practice					
Develop existing and new resources for inclusion in the school curriculum which build understanding on mental health, self - harm and suicide prevention.					X
Create a portal to host our suicide prevention resources and information in one, accessible, digital space - and which links to other relevant platforms.					X
Consider how suicide prevention can be embedded in pre - registration training curricula e.g. for health & social care, youth work, and teaching staff.					X
Provide reliable and easily digestible information in different formats about					X

<p>suicide and suicide prevention to communities, including to community based organisations, such as sports and youth organisations and community centres. This includes providing accessible information for everyone, including people who do not have English as their first language, or those with learning disabilities.</p>					
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2.7 Please use the box below for any other comments you have in relation to theme four:

The SSSC would welcome the opportunity to contribute to work concerning the review of learning approach to suicide prevention. We are a part of the sector skills council, Skills for Care and Development. We carry out the role of the sector skills council in Scotland by working in partnership with employers to develop the social work, social care and early years workforce and invest in workforce planning. Our role in relation to this includes developing the National Occupational Standards which are the basis of qualifications required for registration with the SSSC. These outline the minimum skills, knowledge and understanding necessary for roles across the sector.

The work we carry out in relation to our other learning and development and capacity building activities will also be useful in supporting areas of practice such as suicide prevention.

For example, our workforce wellbeing, leadership development and trauma learning activity is intended to provide all workers with knowledge

and skills that could be applied in relation to suicide prevention as well as in other areas.

We are currently working on a learning resource that covers topics such as mental health and self-harm. While this does not specifically address suicide or suicide prevention, it is intended to provide workers with the skills to have difficult conversations about topics related to mental health. We develop our learning resources based in national policy and we would anticipate that this strategy would inform future SSSC business plans.

The development of our resources is increasingly focused on trauma-informed practice. This approach complements the aims and outcomes of the proposed strategy and action plan and we would welcome the opportunity to develop further resources to support this.

To this end, we would be well placed to contribute to discussions of how suicide prevention could be embedded in social work, social care and early years qualifications, and we would welcome the opportunity to do so.

The work we do aims to ensure that the social work, social care and early years workforce in Scotland is able to respond to risk to individuals in the right way. However, we also believe that the proposed suicide prevention strategy and action plan should also take into account the need to ensure that those working in the social work, social care and early years sectors in Scotland themselves may need additional support or resources for them to identify risk of suicide or suicidal behaviour in themselves or their colleagues.

2.8

Theme five: Support					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
Increase our understanding and practice around help seeking and help giving (potentially					X

through test of change), and share good practice.					
Consider ways to adapt Distress and Brief Interventions to ensure it supports people at the earliest opportunity, and to ensure it is considered for everyone who has thoughts of suicide or has made an attempt, where appropriate. Potential for new referral pathways, and ways to reengage with support after discharge.					X
Respond to the diverse needs of communities. To support this we propose at least two tests of change to reach particular groups / communities where there is a heightened risk of suicide. We plan to work with trusted organisations to (1) review the design and					X

<p>delivery of learning approaches to ensure they reflect the communities' experience of suicide, and (2) test new approaches to reaching and supporting people in those communities who are at risk of suicide. As part of this we will seek to understand help seeking behaviours and tailor support for cultural and diverse groups. We will use the learning to inform our overall approach to supporting communities and groups where suicide risk is high.</p>					
<p>Build new peer support capability to enable further use of peer support models for suicide prevention.</p>					X
<p>Develop resources to support families, friends, carers</p>					X

(including children and young people), and anyone else affected by suicidal behaviour – building on existing resources.					
Ensure counsellors in education settings are skilled and responsive to signs of suicidal concerns, whilst ensuring proactive approach to supporting children and young people at key transitional stages, as part of a continuum of care.					X
Consider how those working in primary care settings - including GPs, nurses, mental health teams and the broader primary care workforce - can identify and support people who are at risk of suicide, who may present in distress or with low mood, anxiety or self - harm. This					

could include: safety planning, referrals to DBI, community support (social prescribing), and proactive case management, especially for people with a high risk of suicide.					
Undertake work to ensure clinicians in unscheduled care settings are alert to suicide risk - particularly those who have self-harmed - and respond effectively through the provision of psychosocial / psychiatric assessment and ensure care pathways and support are put in place, including in the community (which may include via primary care). Distress and Brief Interventions should be offered, where appropriate as part of an increased range					X

of potential interventions. The pathways to these interventions will be monitored through implementation of unscheduled care pathways.					
Statutory services to continuously improve the quality of clinical care and support for people who are suicidal, and share good practice and learning, both individually and by working together across services. To achieve this a first step is for mental health services to adopt the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) guidelines into their operating practices, and the relevant Medication Assisted Treatment (MAT) standards.					X

Consider value and impact of a single Scottish specific telephone number which will provide access to existing telephone support and resources.					X
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2.9 Please use the box below for any other comments you have in relation to theme five:

The SSSC would welcome the opportunity to contribute to discussions and planning around how individuals working in the social work, social care and early years sector can identify and support people at risk of suicide.

2.10

Theme six: Planning					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
In settings where people are at higher risk of suicide, ensure there is a suicide prevention action plan in place which takes account of risk and protective factors, and connects to statutory partners (where					X

appropriate) and local suicide prevention plans - to ensure smooth transition at discharge. Plans should include actions for the people they support as well as for their workforce, and the development of plans should include input from both groups. Key settings include: criminal justice settings, secure accommodation, residential care, and schools/ higher education (as appropriate).					
Develop guidelines for communities to respond effectively to suicide clusters and contagion within their local context.					X

2.11 Please use the box below for any other comments you have in relation to theme six: N/A

2.12

Theme seven: Data and Evidence

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
Continue to embed and enhance our lived experience model, and ensure it is representative of groups experiencing suicidal behaviour. Enhancing the model could include developing resources/toolkit to support people with lived experience sharing their personal stories in safe, meaningful and impactful ways.					X
Improve data recording and reporting on suicide deaths and attempts, and bring that together with wider, relevant data to improve our understanding of suicide risks and trends. This intelligence will form a core part of our suicide prevention Delivery					X

Collaborative to support planning, delivery and evaluation, both at a national and local level.					
Introduce a horizon scanning function to produce a 6 monthly digest of new evidence, which connections to the mental health Research Advisory Group. Priority areas may include: COVID and cost of living impacts, and the mental health of children and young people and other marginalised equality groups. Again, this intelligence will form a core part of our suicide prevention Delivery Collaborative to support planning, delivery and evaluation, both at a national and local level.					X
Roll out multi-agency suicide reviews and a learning system (aligning with					X

the serious adverse event reviews process within mental health services).					
Host learning events to disseminate information and share learning and good practice between and across sectors on suicide prevention. This will build on the Suicide Information Research Evidence Network (SIREN) model.					X

2.13 Please use the box below for any other comments you have in relation to theme seven: N/A

2.14 Is there anything else you want to tell us about the proposed Action Plan document? N/A

3 Section Three – Final Thoughts This section gives you the opportunity to share any other thoughts you have on the draft Strategy and Action Plan. N/A

3.1 Is there anything else you feel you want to tell us about the Strategy and Action Plan that you feel you haven't had the chance to as part of this consultation? N/A

Scottish Social Services Council

August 2022