

 **Important Notice: Sensitive Content**

Suicide Prevention and Postvention Policy

REVIEW: ANNUALLY

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Introduction:

The Blue Coat School is aware that suicide prevention is a key part of our role in safeguarding children and young people, and that we will take a holistic approach to ensuring that pupils are as 'suicide safe' as possible. This policy should be read alongside the following documents and school policies:

- [Keeping Children Safe in Education 2024 \(KCSiE\)](#)
- [Papyrus: Building Suicide-Safer Schools and Colleges](#)
- [Hampshire Suicide Prevention & Postvention Protocol](#)
- [Child Protection and Online Safety Policy \(2024\)](#)
- <https://www.samaritans.org/how-we-can-help/schools/step-step/step-step-resources/responding-suspected-suicide-schools-and-colleges/>

Taking A 'Suicide-Safe' Approach:

The Blue Coat School acknowledges that suicide is a leading contributor to death in young people in the UK, and schools play a crucial role in providing support and implementing early intervention.

As part of our approach to making The Blue Coat School as 'suicide safe' as possible, we also acknowledge that:

- **Suicide and self-harm is not uncommon.** Many young people will experience thoughts of suicide and self-harm, and young people might self-harm with or without suicidal intent.
- **Suicide is complex.** There are many contributory factors surrounding a suicide and reasons are often complex and individual to that person.
- **Stigma inhibits learning.** We recognise that the stigma surrounding self-harm, suicide and other mental illness can be both a barrier to seeking help and a barrier to offering help. We are dedicated to tackling suicide stigma and will ensure staff use appropriate language when talking about suicide (see Appendix 3).
- **Self-Harm and Suicide is everyone's business.** We recognise the need to facilitate the reporting of any risks and concerns.
- **Self-harm and suicide are difficult things to talk about.** The Blue Coat School is committed to providing adequate support, guidance and training for staff to enable them to identify when a pupil may be struggling with thoughts of suicide, and how to appropriately respond.
- **Talking about suicide does not create or increase risk.** Contrary to common belief, discussion around suicide does not encourage young people to pursue suicide ideation. In contrast, it signals that you care and that you are ready to talk to them about it. The opportunity to discuss feelings around suicide can provide a great relief.

Developing an active, person-centred policy:

The Blue Coat School is committed to ensuring we develop active, person-centred self-harm and suicide prevention, and intervention policy. Within this, we hope to have clearly design roles and responsibilities for all members of our school community.

- Our school has a named individual who is responsible for the design, implementation, and maintenance of this policy. This is currently Sian Coultriss (Designated Safeguarding Lead).
- Within this policy, we have outlined the key members of staff within the Postvention Response Team, who will hold additional responsibilities in the event of a significant incident or suspected death by suicide.
- The Blue Coat School will endeavour to ensure that *all* staff are self-harm and suicide aware through targeted CPD and training on how to spot the signs of a child who may be at risk of harm or having suicidal ideation, and how to report the concerns in the correct way. Where appropriate, key members of staff (such as the DSL team) will receive additional training.
- We will ensure that staff are aware of their responsibilities around suicide prevention as outlined in our Child Protection and safeguarding Policy and we will continue to reinforce the message to all staff that we always believe children and young people.
- We will ensure our students receive adequate information and guidance about mental wellbeing, aiming to build young people's knowledge, skills, and resilience. We will ensure learning materials are age-appropriate and preventative and ensure we do not give information on methods of self-harm or suicide.
- Through our culture and processes, we will provide clear pathway for pupils to raise concerns to school staff, both about their own wellbeing and that of their peers.
- We will ensure that peers and school staff are supported and able to access services when self-harm or suicide has affected them.
- We recognise that the need to protect someone's life overrides confidentiality and will report our concern to the Designated Safeguarding Lead or Mental Health Lead immediately.
- We will endeavour to put in place mechanisms which allow staff that have regular interaction with the pupils to be able to flag or review any concerns about the individual pupils, including suspected suicidal thoughts.
- When we identify a pupil at risk of self-harm or suicide, we will inform the Designated Safeguarding Lead via CPOMs. If a pupil is in crisis, we will consider dialling 999.
- When appropriate, support will be sourced from external agencies, such as medical services and the Local Authority, to ensure adequate support is given.

Suicide Prevention – what we do:

The Blue Coat School is committed to taking a whole-school approach to suicide and self-harm prevention and continuing to challenge the stigma that can come with discussing mental health. This is done in the following ways, which is not an exhaustive list:

Information and guidance for students:

- All students received high quality information and guidance, primarily through the delivery of the national curriculum and pastoral assemblies, covering the following statutory topics:
 - Spotting the signs of mental health concerns in themselves and others.
 - Advice and guidance on how to manage feelings of overwhelm, low mood or other mental health challenges.
 - Signposting to internal and external support agencies.
- Sessions focused on mental health and wellbeing.
- External agencies used to provide additional sessions for awareness and prevention.

Staff training and CPD:

- All staff receive full safeguarding CPD, as well as annual KSCiE updates.
- Weekly Safeguarding staff briefings, staff bulletin and SLT briefing notes used to provide regular guidance on key safeguarding topics, including spotting the signs of concerns, and how to report concerns on CPOMS.
- All staff are required to read part of 1 of KCSiE, Annex B and the Child Protection and Safeguarding Policy annually.
- DSL team provided with additional support and supervision.

Interventions and support:

- Where concerns regarding self-harm or suicidal thoughts are identified, a dedicated Well Being Centre team are able to provide targeted interventions, including 1:1 sessions, group support and timetable support.
- External pathways, such as Project Iris such as Project Iris and referral to Cruse Counselling, Simon Says and Winston's Wish, used in specific cases to support the internal interventions.
- Linked SLT for each year group to work closely with HoY and Pastoral Assistants and provide ongoing support.

Monitoring and reviewing:

- All concerns are reported and monitored on CPOMS, with regular whole-staff training to ensure consistent approach.
- Where appropriate, risk assessments and similar supporting documents are used to ensure ongoing support in specific cases.

Suicide Postvention:

Key principles:

When a postvention response is provided, The Blue Coat School will work in partnership with the Local Authority and other relevant external agencies to implement our postvention response.

In addition, a considered approach will be taken to assess the impact that supporting an inquest can have on staff and their wellbeing and, where necessary, signposting to support, including suicide bereavement support through Amparo using the following referral <https://amparo.org.uk/> (which provides support for anyone affected by suspected suicide) will take place with the staff members consent.

The Blue Coat School will ensure effective partnership when working to support pupils returning school after a serious incident of self-harm or attempted suicide, whereby the child/young person is at the centre of decision making and determines who is best to support them in school.

Postvention Response Team:

In the event of a suspected death by suicide, or in a significant incident involving attempted suicide or self-harm, for Hampshire schools - The Headteacher or Principal will likely be notified of the death by either Joint Agency Response (JAR) representative often a health or police representative or HIAS. If they become aware of the death via students, media or parents they should contact the relevant county manager and call the Hampshire and Isle of Wight Educational Psychologist: 01252 814835 Dan Taylor. Child Death Overview Panel (07795126305) email hiowicb-hsi.hips.cdop.hns.net who will alert the relevant people. The school may wish to convene a small postvention, or crisis, team which may include the school ELSA, educational psychologist, Head of Year and tutor of the student and other members of the senior management team. A member of the Child Death Overview Panel will be in touch to arrange a multi-agency Information Sharing and Planning Meeting.

For Hampshire schools, consideration will be given as to whether the convening a Postvention Response Team (PRT) is necessary, in line with the below guidance from the [Hampshire Suicide Prevention & Postvention Protocol](#):

Student or staff member suspected suicide death:

- Convene a Postvention Response Team

Parent/Sibling/Previous staff member suspected suicide death:

- No PRT needed; consult with external agencies if the impact of the death is having a significant impact on the school community
- Ensure affected student(s) and staff are offered suitable bereavement and/or mental health support

Serious suicide attempt or self-harm incident:

- Unless a potential suicide cluster has been identified, no PRT needed
- Ensure effective partnership working to support return to school after a serious incident, whereby the young person is at the centre of decision making
- Liaise with external agencies, such as CAMHS locality lead, regarding potential safety plan

When a PRT is required, it will be convened within 24 hours of notification of the suspected suicide. The initial PRT meeting will include the following staff:

- Senior Leadership Team
- Designated Safeguarding Leads
- Head of Year for the student, if appropriate
- Governor representative

Responsibilities:

Within the initial convening, and within 24 hours of notification, the following roles will be assigned to staff feature in the above list and held by that assigned staff member throughout the course of the postvention response:

Role	Responsibilities
Postvention Team Chair This may be The Headteacher/ Designated Senior Leader	<ul style="list-style-type: none"> • Promptly convenes the Postvention Response Team meetings • Chairs meetings • Engages key people following a suspected suicide • Represents the educational establishment at other meetings (JAR). • Financial budget planning, consider costs of covering staff absence
Family Liaison Officer This may be The Pastoral Lead(s).	<ul style="list-style-type: none"> • Engages with the family following a suspected (potentially support from Amparo) • Identify any requests they may have in respect of the educational setting • Provides a single consistent point of contact for the family • Signposts to further support where appropriate • The family may have a FLO from the police so will need to join up with them as well
Administrator This may be the administration lead	<ul style="list-style-type: none"> • Keeps a detailed written record of all actions taken and decisions made. • Maintains up to date contact numbers of key parents, emergency support services and other external contacts • Sends out letters and emails where required • Contacts organisations available to support as required
Communications Lead* A member of the senior leadership team	<ul style="list-style-type: none"> • Act as a 'single source of truth' for parents and the wider community, in line with the below 'Guidance and Appropriate Media Communication' section. • Works closely with the local authority to communicate prepared statements to media, parents and the wider community • Notify local authority staff of any media enquiries
Care for students lead This may be the designated safeguarding lead; head of year etc.	<ul style="list-style-type: none"> • Engages with students and facilitates support and guidance • Identifies any students who may need additional support; make referrals/notify services as appropriate • Closely monitor students missing lessons or that have unauthorised absences. • Follow standard safeguarding procedures if you have concerns about a student and speak with your appointed early help team member for further clarification
Care for staff lead This may be the wellbeing/mental health lead, safeguarding lead or other member of the senior leadership team	<ul style="list-style-type: none"> • Provide regular briefings to staff, governors and extended services; ensure staff have been briefed on what to share with students • Identify any staff who may need additional support • Be mindful of the impact that supporting an inquest/child death review can have on staff and their wellbeing. Be prepared to signpost to appropriate support • Coordinate any training for managing conversations with students

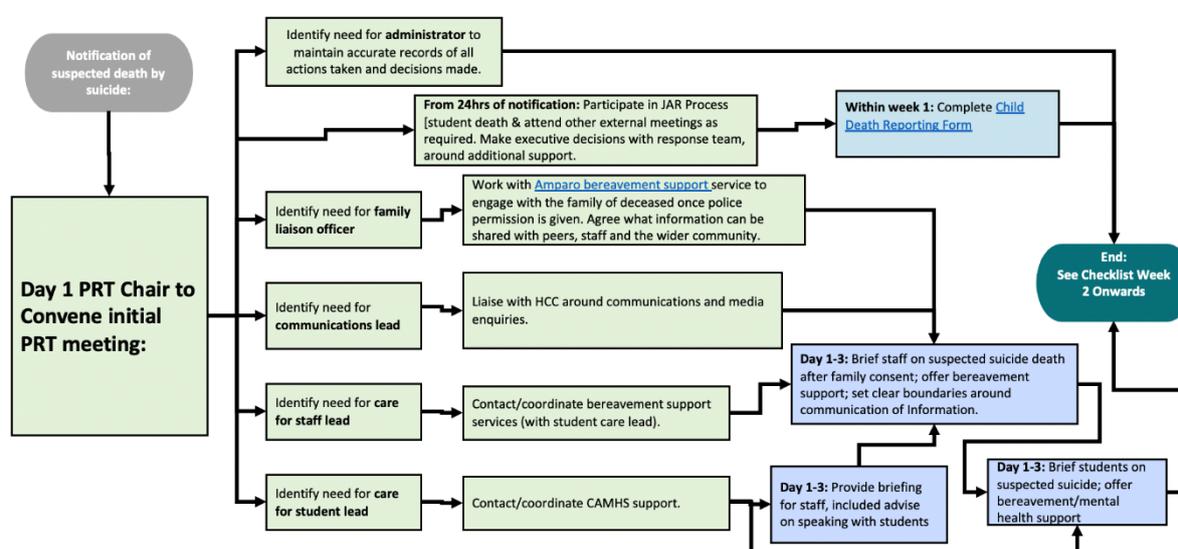
All primary and designate members will have a clear understanding of their roles and responsibilities as outlined within the [Hampshire Suicide Prevention & Postvention Protocol](#)

In addition, all members will be familiar with the 7 stages of postvention response, detailed in appendix 4.

Initial response:

In the event of a PRT convening, the Headteacher will assign the role of the PRT Chair and the PRT Chair will then assign all additional roles.

Within the 7 stages of the postvention response, all members of the PRT will be aware of and carry out their immediate actions – these are detailed in parts 3-5 of the 7 stages of postvention response (appendix 4).



Guidance on Appropriate Media Communication

Contact with the media should take place as soon as possible, due to social media “chatter”. Media will pick up on things very quickly. The PRT Chair will nominate a Communications Lead for the school and **all** communications should be via this colleague. No-one else should discuss anything with the media. **All staff should be made aware of this.**

Reception staff, or anyone else that receives a call from the media, or anyone enquiring about the incident should follow these guidelines:

- Make a note of the reporter’s contact details (including mobile and email address)
- Make a note of the questions asked
- Pass the information given to the Headteacher and/or PRT Chair as a matter of urgency

An approved prepared statement will be compiled, to control the way any response on behalf of the school is answered.

Hampshire County Council can provide media support to schools in the event of an incident. If required, we will email corporate.communications@hants.gov.uk or call the Corporate Communications Team on 01962 847368 / 847781.

Alternatively, Samaritans' media team can help support schools/colleges (and the family) in dealing with the media during a crisis (Contact: 07943 809162 or samaritans.org/media-centre).

Advice is not to give out any details of the method by which the person died, or any "suicide note", or to provide any "explanation" of the suspected suicide such as "was stressed about exam results" etc. No posts will be made about the incident on school social media until we have sought the advice of either, HCC or the Samaritans.

The Communications Lead will keep a detail record of all communications, both internal and external, using the log at the end of this document (Appendix 2).

Appendix 1 – List of Useful Contacts:

Organisation	Description of Support	Contact Details
Hampshire Inclusion and Advisory Service (HIAS)	Supporting senior leadership at the school.	Please contact your HIAS Safeguarding Lead and the relevant County Education Manager for your setting Cindy Pritchard cindy.pritchard@hants.gov.uk 01962 876207
Hampshire and Isle of Wight Educational Psychology	Educational Psychologists provide support and guidance to schools and colleges in response to a suspected suicide death of a student or staff member. Support is offered to any setting, regardless of whether you have an existing service level agreement with them or not. HIEP have also created two critical incident packs that provide guidance and signposting for settings. If service level agreement in place, HIEP can also support on organisational, policy and curriculum development, training and staff supervision.	Following a suspected suicide death, as soon as possible, an educational psychologist will be in touch with the Headteacher/other senior leader. If you need to get in touch directly: •West – Dr Anna Nolan, 01962 876239 •North – Dan Taylor, 01252 814835 •East – Rachel Ingram, 01252 814729 •South and Isle of Wight – Dr Rebecca Murphy, 02392 441496
Surrey CAMHS	Children and adolescent mental health services (CAMHS) are made up of specialist teams offering assessment and treatment to children and young people up to age 18 who have emotional, behavioural or mental health problems.	CAMHS Single Point of Access First Floor, Dominion House Woodbridge Road Guildford Surrey GU1 4PU Tel: 0300 222 5755 Opening hours We are open: 8am - 8pm Monday to Friday, 9am - 12pm on Saturdays.
Hampshire CAMHS	Following a suspected suicide or death of a young person: •All young people that need to be referred via SPA to be referred in usual way. •In-School support alongside other agencies. •Meet with leadership team and identify any risky young people affected by the suicide and support referral into appropriate services. •To be involved in one off group-work offer to the school alongside others (e.g., Amparo) •Support staff/professionals with gaps in knowledge self-harm/ACEs etc. •Young people who are of concern and open to CAMHS will be followed up by the local team.	Requests to CAMHS for Postvention Support should be made to; •North Hampshire: HantsCAMHSSPA@spft.nhs.uk •South East Hampshire: HantsCAMHSSPA@spft.nhs.uk •West Hampshire: HantsCAMHSSPA@spft.nhs.uk And also copied to Hampshire Safeguarding: Spnt.hantssafeguardingcamhs@nhs.net All emails should be titled: URGENT POSTVENTION SUPPORT FOR SCHOOLS
Amparo Bereavement Support Service	<u>Hampshire (Including SHIP) – Amparo</u> •Anyone affected by a suspected suicide death	Referral Process: Complete referral form online https://amparo.org.uk/ (consent required)

	<ul style="list-style-type: none"> •Covers both children and adults-irrespective of their relationship to the person who has died or when the suspected suicide occurred •Can support your setting with communicating with the family of the deceased as well as students and staff 	<p>The referral team will allocate a Suicide Liaison Worker who will begin to attempt contact within 24 hours</p> <p>Amparo offers to contact the Beneficiary within 7 days and complete a support plan and begin to signpost to relevant agencies.</p> <p>The SLW may contact the Coroner's Officer for more information or to pass over any information</p>
Hampshire Public Health Team	Hampshire Public Health can provide support and guidance around communications , signposting to resources and advice on creating a whole settings approach to suicide prevention and postvention policy	publichealthhampshire@hants.gov.uk
Samaritans Steps by Step	<p>Provides practical support to help settings prepare for and recover from a suspected or attempted suicide. They are happy to provide advice, guidance and support to any school, college, university or youth setting.</p> <p>Samaritans DEAL Resource also provides guidance on teaching emotional awareness within a school setting.</p>	<p>stepbystep@samaritans.org 0808 168 2528 Leaving a message or an email would start the process. DEAL: Developing Emotional Awareness and Listening Resource</p>
Papyrus	Provides bespoke guidance to a setting. They can support staff in managing conversations with young people and the wider community.	Alex Hills, regional Papyrus Lead: Alex.Hills@papyrus-uk.org Lisa Roxby, national lead lisa.roxby@papyrus-uk.org
School Nursing	Key role in identifying vulnerable children and supporting staff to identify vulnerable children. The school nursing ChatHealth service is also a free resource available to families and young people who may be struggling with their mental health	Hampshire Healthy Families Website
Simons Says	<p>Support for Those Bereaved by Suicide – SimonSays</p> <p>Most suitable for: Suspected suicide death of sibling/parent of student attending your setting</p> <ul style="list-style-type: none"> •Children and young people up to the age of 18 who have lost a significant person 	<p>Please complete the referral form accessed here: simon-says-3rd-party-referral-2021.pdf (simonsays.org.uk) and send the completed form to the email address below</p> <p>023 8064 7550 info@simonsays.org.uk</p>
Winston's Wish	<p>Bereavement support charity for grieving children and families. They provide a wide range of support offers, online resources and publications designed to help guide.</p> <p>Most suitable for: Suspected suicide death of sibling/parent of student attending your setting</p> <ul style="list-style-type: none"> •Children and young people up to the age of 25 after the death of someone significant in their lives. 	<p>Please email or contact the team; they will talk with you to help identify what support a family needs</p> <p>Email: ask@winstonswish.org Free and confidential helpline: 08088 020 021</p>

Winchester Survivors of Bereavement by Suicide Support Group (SOBS)	A national charity dedicated to supporting adults who have been bereaved by suicide. Winchester SOBS meets virtually on the 3 rd Wednesday of every month.	Winchester Group – Survivors of Bereavement by Suicide (uksobs.org) Telephone: 07763 644 310 Email: winchester@uksobs.org
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Appendix 2 – Communications Log Template

Date	Type of Communication (email, letter, presentation)	Staff Lead	Details of communication (including purpose)/ link to resources

Appendix 3 – Guidance of Appropriate Language:

Taken from: <https://www.camh.ca/-/media/files/words-matter-suicide-language-guide.pdf>

INSTEAD OF THIS...	...SAY THIS	WHY
commit/committed suicide	died by suicide / death by suicide / lost their life to suicide	<p>“commit” implies suicide is a sin or crime, reinforcing the stigma that it’s a selfish act and personal choice</p> <p>using neutral phrasing like “died by suicide” helps strip away the shame/blame element</p>
successful/unsuccessful suicide completed/failed suicide	<p>died by suicide / survived a suicide attempt / lived through a suicide attempt</p> <p>fatal suicidal behaviour / non-fatal suicidal behaviour</p> <p>fatal suicide attempt / non-fatal suicide attempt</p>	<p>the notion of a “successful” suicide is inappropriate because it frames a very tragic outcome as an achievement or something positive</p> <p>to be matter-of-fact, a suicide attempt is either fatal or not</p>
epidemic, skyrocketing	rising, increasing	<p>words like “epidemic” can spark panic, making suicide seem inevitable or more common than it actually is</p> <p>by using purely quantitative, less emotionally charged terms like “rising”, we can avoid instilling a sense of doom or hopelessness</p>
<Name> is suicidal	<Name> is facing suicide / is thinking of suicide / has suffered through suicidal thoughts / has experienced suicidal thoughts	we don’t want to define someone by their experience with suicide; they are more than their suicidal thoughts
He’s suicidal They’re a schizophrenic She’s bipolar The mentally ill <Substance> addicts	<p>he is facing suicide / thinking of suicide / experiencing suicidal thoughts</p> <p>they have schizophrenia / are living with schizophrenia</p> <p>people with mental illness</p> <p>people addicted to <substance>, people with addiction</p>	<p>putting the condition before the person reduces someone’s identity to their diagnosis— people aren’t their illness; they <i>have</i> an illness</p> <p>people-first language shows respect for the individual, reinforcing the fact that their condition does not define them</p>

Appendix 4 – PRT Checklist (week 2 onwards):

Postvention Team Chair	
	Week 2 onwards: Communicate with CAMHS and Hampshire Inclusion and Advisory Service (HIAS) and relevant community sector organisations about any ongoing need for support.
	Within 6 months: Lead reflection and evaluation of the postvention response. Provide feedback to Hampshire Public Health to improve future postvention responses.
	From 6 months onwards: Consider enhanced support needed around anniversaries or other key dates.
	From 6 months onwards: Consider service level agreement with Educational Psychology Service, depending on capacity and where appropriate.
Communications Lead	
	Week 2 onwards: Continue to share any concerns around ongoing media with HCC Public Health.
	From 6 months onwards: Use pre-prepared HCC communications around anniversaries or key dates
	Week 2 onwards: Continue to ensure appropriate language is used by staff.
Family Liaison Lead	
	Week 2: Work with Amparo to understand the family's views on school attendance at funerals and any memorials
	Week 2 onwards: Continue to act as school/family liaison link (potentially through to inquest)
	One year post incident: Consider sending a card of condolences to the family of the deceased on anniversary of the death.
Care for Staff Lead	
	Week 2 onwards: Consider coordinating training around managing conversations about suicide and self-harm.
	Week 2 onwards: Provide enhanced wellbeing support for staff involved in JAR process.
Care for Students Lead	
	Week 2 onwards: Ensure staff continue to be alert to the signs that someone may be having suicidal thoughts
	Ongoing: Ensure students are aware of the different types of support available to them, including continued access to Amparo bereavement support service.
	Ongoing: Promote mental and emotional resilience by promoting a whole school approach to mental wellbeing.
	Within 6 months: Review, update or develop your settings suicide prevention and postvention policy in line with reflection and learning from this postvention response.

Appendix 5- Seven Stages of Postvention

Response:

As outlined in the [Hampshire Suicide Prevention & Postvention Protocol](#)

Stage 1: Develop, review and implement a whole settings approach to suicide prevention and postvention within your school or college. If not already in place, move onto stage 2.

Stage 2: Actions to take should you receive notification of a suspected suicide.

Stage 3 (within 1 day of notification): Convene a postvention response team; contact supporting organisations; participate in the joint agency response (JAR).

Stage 4: Timely contact with the family of the deceased; communicate with students and staff; provide bereavement and mental health support.

Stage 5: Identify vulnerable students/staff; monitor and provide support.

Stage 6 (Week 2 onwards): Continue to support vulnerable students and staff; follow guidance on memorials, funerals; consider bereavement support and communications around key dates (e.g. inquest/anniversaries)

Stage 7 (Within 6 months): Review and evaluate postvention response; provide feedback to HCC regarding lessons learned.*

*Once complete, return to stage 1, embedding your learning into your suicide prevention & postvention policy.

