

Death of a child policy – including suicide

Stanley Grove Primary and Nursery Academy

Reviewed October 2024



Death of a child policy – including suicide

Statement of purpose

The Community of Stanley Grove is aware that suicide is the leading cause of death in young people and that we play a vital role in helping to prevent young suicide.

We want to make sure that the children at our school are as suicide- safe as possible and that our Governors, parents and carers, teaching staff, support staff, children and other key stakeholders are aware of our commitment to be a suicide- safer school.

Our beliefs about suicide and contributory factors

Stanley Grove acknowledges that:

Suicidal thoughts are common among young people

Suicide is complex. We believe that every suicide is a tragedy. There are a number of contributory factors surrounding a suicide and the reasons are often complex and individual to that person. However, we believe that there are lessons that may be learnt from each death that may help to prevent further deaths.

Stigma inhibits learning- stigma can kill

We recognise that the stigma surrounding suicide and mental illness can be both a barrier to seeking help and a barrier to offering help. This school is dedicated to tackling suicide stigma. In our language and our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos.

Suicide is everyone's business

As a school community we recognise that children may seek out someone who they trust with their concerns and worries. Everyone in our school can be that person.

Safety is very important

We want to support our children. Sometimes working in partnership with the family, caregivers, external agencies and other professionals where this may enhance suicide safety.

Suicide is a difficult thing to talk about

We know that a child who is suicidal may find it very difficult to make their feelings known and speak openly about suicide. We will provide trained adults who are able to identify when a child may be struggling with thoughts of suicide.

Talking about suicide does not create or increase risk

Ensure that there is an active person-centred suicide prevention and intervention policy.

Our DSL system in school ensures that the design, implementation and maintenance of this policy is robust.

The DSLs in school are also members of the Suicide Intervention Team. These members understand the policy and are trained in suicide Intervention. There is always at least 1 DSL in school at any time and others who are available by phone. The suicide Intervention team will be the point of escalation for any concerns about a child. The Suicide Intervention Team will keep confidential records of children at risk from suicide to ensure continuity of care.

We will endeavour to ensure that all our staff are suicide aware. This means that all new staff inductions will include suicide awareness. (How to spot signs, what to do and how to escalate any concerns)

We will ensure that, where appropriate, children are suicide aware.

We will be clear about how we enhance the physical safety of our environment. Including the removal of potential ligature points, restricting access to places that facilitate jumping, and securely storing harmful substances.

We recognise that children may experience periods of poor mental health while attending our school. We will endeavour to use the mechanisms in place in our safeguarding and child protection policy to flag or review any concerns about pupils including suspected suicidal thoughts.

If it is identified that a child is at risk of suicide then the procedures set out in the safeguarding policy will be put into place

How we help to ensure a sensitive and safe suicide postvention provision

The school DSL team, plus any other members of the SLT are part of the Suicide Postvention Team whose role is to respond in the event of a suicide. Members of the team will be delegated to deal with family liaison and communication with external agencies, including the media.

Ongoing support and development of policy and practice

The SLT will ensure that ongoing reviews take place, that processes are updated in line with best practice and that ongoing training is undertaken when necessary.

Suicide Prevention

Preventing suicide is a multifaceted activity which includes building resilience and ensuring early intervention and support for pupils experiencing poor mental health. However not everyone who has thoughts of suicide has a diagnosable mental health problem, and not everyone with a mental health diagnosis feels suicidal.

It is important that the entire school community nurtures an attitude around the subject of suicide which helps shatter the stigma around it.

If a child uses the word 'suicide' it is important to check that they know what the word actually means.

<p><u>Do they know what suicide actually means?</u></p> <p>Some pupils may not be familiar with the word suicide, but it does not mean that they don't understand what it means.</p> <p>Tragically, we know that many pupils who may not have known the word suicide have taken their own lives, and many more think about not being here anymore.</p>	<p><u>What to say in this instance.</u></p> <ul style="list-style-type: none">• Suicide means hurting ourselves on purpose so that we die and are dead forever, is this what you are thinking about?• When you say you don't want to be here anymore, do you mean that you want to be dead forever?
<p>If they are not having thoughts of suicide, that's OK. If you are still concerned then keep exploring why your concerns remain until you are clear that suicide is not part of their thinking. If they are not having thoughts of suicide, nothing is lost by having the conversation; they now know that you listen and help if they have thoughts of suicide in the future. You may have other actions to follow up on which help the young person with their other issues which come out of the conversation.</p>	

Risk Factors - used to determine risk and future actions

<p>High Risk</p> <ul style="list-style-type: none"> • Injury or overdose with a danger to life • Current situation felt to be causing unbearable pain and distress • Plans to act on suicidal thoughts. Plans may be detailed with time, location and method. Choosing a place where the plan is unlikely to be disrupted is a very high risk factor. • Self-harm increasing in severity, frequency or both • Significant drug or alcohol use • Evidence of current severe mental health problems 	<p>What to do</p> <p>If you are concerned that the young person is at high risk of suicide then act immediately.</p> <ul style="list-style-type: none"> • If the young person is at risk of significant harm or in immediate danger. Call 999 or support them to A&E • Stay with the young person until they are safe (remember you need to keep yourself safe too) • Contact the young person's parent/carer • If it is between Monday to Friday 9am – 5pm ring CAMHS on 01977 735 865. • A referral should be made to Social Care Direct on 0345 8 503 503
<p>Raised Risk</p> <ul style="list-style-type: none"> • Suicidal thoughts are fleeting but are experienced frequently • Situation felt to be painful but not an immediate crisis • No specific plan or expressed immediate intent • Regular acts or self-harm • Increasing drug or alcohol use • Previous suicide attempts • Severe anxiety or significant low mood/depression 	<p>What to do</p> <ul style="list-style-type: none"> • Ring CAHMS on 01977 735 865. They can advise whether the young person is in need of CAHMS request for a service referral, or signpost other support • Encourage the young person to seek support (see Appendix) and/or speak to their parents, GP or social worker • Encourage and support the young person to think about some strategies to cope with how they are feeling
<p>Low Risk</p> <ul style="list-style-type: none"> • Suicidal thoughts are fleeting, not very frequent and soon dismissed • Current situation felt to be painful but bearable • No plan of how they could complete suicide • Occasional self-harming behaviour with little injury • No/few signs of depression (low mood, loss of interest in everyday activities, lack of motivation) • No sign of psychosis (e.g. hearing voices telling them to harm themselves) 	<p>What to do</p> <ul style="list-style-type: none"> • Encourage and support the young person to speak to their parents, GP or other professionals. Inform the parents of young children to find support. • Request support for the young person from Future In Mind Primary Practitioners

If you have concerns or a young person discloses.

Helpful and unhelpful language when talking about suicide.

<p><u>Unhelpful Language when talking about suicide</u> Commit suicide – Suicide has not been a crime since 1961. Using the word ‘commit’ suggests that it is a crime (we ‘commit’ crimes).Which perpetuates stigma or the sense that it is a ‘sin’. Stigma shuts people up- they are less likely to talk about their thoughts of suicide if they feel judged Successful suicide – Talking about suicide in terms of success is not helpful. If a person dies by suicide it cannot ever be a success. We don’t talk about any other death in terms of success: we would never talk about a ‘successful heart attack’.</p>	<p><u>Helpful language when talking about suicide</u> Instead use more helpful language:</p> <ul style="list-style-type: none">• Ended their life• Killed themselves• Took their own life• Died by suicide• Suicided
<p><u>Unhelpful language when talking about attempted suicide.</u> Unsuccessful or failed suicide – Young people who have attempted suicide often say, ‘I couldn’t even do that right’. Any attempt at suicide is serious. Young people should not feel further burdened by whether their attempt was a ‘failure’, as this may reinforce feelings of failure in other areas of their life. It’s not that serious – All suicide attempts must be taken seriously as there is a serious risk to life. An attempt tells us that the person is in so much pain that they no longer want to live. Attention seeking- This phrase assumes that the person’s behaviour is not serious, and that they are being dramatic to gain attention from others. However, suicidal thoughts are serious. Young people who attempt suicide need attention, support, understanding and help. It was just a cry for help – This dismissive phrase belittles someone’s need for help. They do indeed need you to help: they are in pain and their life is in danger. They may feel that they are not being taken seriously, which can be dangerous.</p>	<p><u>Helpful language when talking about attempted suicide.</u></p> <ul style="list-style-type: none">• Attempted suicide• Attempted to take their own life• Engaged in suicide behaviours• Acted on thoughts of suicide

What to do if you are concerned about a pupil.

<p><u>Unhelpful language when asking about suicide</u> You’re not thinking about doing something stupid/silly are you? – This judgmental language suggests that the person’s thoughts of suicide are stupid or silly, and furthermore, that the person is stupid or silly. When faced with this question, most will deny their thoughts of suicide, for fear of being viewed negatively. This is dangerous, You will become someone who it is not safe to talk to about suicide</p>	<p>What to do if you have a concern about a pupil?</p> <ul style="list-style-type: none">• If you have concerns about a pupil let them know.• What observations have been made?• Do they seem sad or not their usual self?• What have you heard them say that makes you concerned?• Is your instinct telling you that something is concerning?• Talk to another colleague or a DSL about your concerns.
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<p><u>How do I know if a pupil is suicidal?</u></p> <p>Someone having thoughts of suicide will usually communicate this in ways that could seem more or less obvious.</p> <p>Thoughts and feelings are very different and thoughts do not have to be acted out. However, we know that young people can act impulsively when a stressful event feels like the 'final straw', so it is important to spot signs early and offer support.</p> <p>Support can help the young person see things more clearly and realise there are other options. It also allows time for the difficult feelings to pass.</p>	<p><u>What to look out for</u></p> <p>Physical and verbal warning signs</p> <ul style="list-style-type: none"> • Talking about being useless or 'nothing to live for' • 'Everyone would be better off without me' • Withdrawn and isolated, not wanting to talk or being around people • Significant change in behaviour e.g. increased anxiety, loss of interest in things they previously enjoyed doing • Symptoms of depression e.g. low mood, loss of interest, lack of motivation • Finding it hard to cope with everyday things • Recent self-harm • Apparent fascination with death (writing, talking and drawing about it) • Statements about suicidal intent e.g. letters, comments, Facebook, and social media posts • Searching the internet for information about suicide • Using alcohol or drugs to cope with difficult feelings • Visiting people they care about and almost (or actually) saying goodbye • Giving things away, especially items that are important to them.
<p><u>What to do if you have a concern about a pupil</u></p> <p>The only way to check if your intuition is correct is to ask the young person directly and clearly about suicide. They may be longing for someone to ask them about this. Rest assured that you cannot make things worse by asking them.</p> <p>Talk to another colleague or a DSL about your concerns. Use the risk factors sheet to determine risk and next steps.</p>	<p><u>Questions to ask if you are concerned.</u></p> <p><u>Initial concern</u></p> <ul style="list-style-type: none"> • You are looking troubled, What's the matter? (home family, friends, school) • How is this making you feel? • How often have you had these thoughts? • Have you ever felt like ending your life? • Have you ever tried to hurt yourself or kill yourself? (e.g. taking tablets). Are you thinking about this often at the moment? • Sometimes, when people are feeling the way you are they think about suicide. Is that what you are thinking about? • It sounds like life is too hard for you right now and you want to kill yourself. Is that right? • Are you telling me you want to kill yourself/end your life/ die/ die by suicide? • It sounds like you are thinking about suicide. Is that right?

What to do if you **know** that a young person is having thoughts of suicide.

I know that a young person is having thoughts of suicide – What do I do?

If they tell you or others that they are thinking about suicide, you should respond in a calm and sensitive way. **You might be unprepared for the disclosure but try not to panic and try quick solutions.**

- Don't dismiss what they are saying. They are asking for help and need you to respond.
- As soon as possible encourage the pupil to move into a more private space, where you can have an open discussion about their disclosure.
- Listen and allow them to express their feelings. They will likely feel a huge sense of relief that someone is willing to hear their darkest thoughts without judgement.
- Reassure them that they are not alone and that you can look for support together. Let the young person know that there is help and support.
- Inform a DSL immediately and follow the schools' safeguarding procedures.

- **Assessing risk and offering support**
- **What to say/ask.**
- It sounds as though things are really hard at the moment – Can you tell me a bit more?
- Take your time and tell me what is happening for you at the moment.
- I am so sorry that you are feeling this way. Can you tell me more about what you are feeling?
- Can you tell me more about why you want to die?
- How often do you think about hurting or killing yourself?
- Do you have a plan? (place, method etc)
- When do you think most about this? (day, night)
- How long have you been having these thoughts?
- What has stopped you acting on these thoughts?
- When things have been really hard before what's helped you get through?
- Who is aware of how bad you are feeling/(friends, family, teachers)
- It is hard and scary to talk about suicide but take your time and I will listen.
- Things must be so painful for you to feel that there is no way out. I want to listen and help
- You have shown a lot of strength in telling me this. I want to help you to find support.
- Who can you call at any time if you need support?

Always follow the safeguarding procedures for disclosures

Always discuss with SLT and DSLs

Use the risk factors sheet to determine next steps

Working with a young person who has engaged in suicidal behaviour

Before a young person returns to school who has attempted to take their own life a meeting should be arranged with them and their parents and guardians. It is also good practice to communicate with other professionals that are involved with the young person, such as their GP and any other agencies.

During the meeting, the school should explore what support is in place and what further support may be needed. A Safety Plan should be written. This should be created together with the pupil –with them at the centre. The school should have support from outside agencies when writing this plan.

For information on Safety Plans:

<https://papyrus-uk.org/help-advice-resources/>

Child Death Overview Panel

When a child under 18 dies, for whatever reason, a process is automatically started to check every aspect of what has happened. This is the responsibility of the Child Death Overview Panel. Their inquiry runs alongside the inquest, and its aim is to protect other children and young people. The Child Death Overview Panel reports to the Local Safeguarding Children Board, and all work with the coroner to share information.

Suicide Postvention

The term postvention is often used to refer to care and support given after a suicide.

Hearing the tragic news that a pupil in school has taken their own life will bring up many different emotions. It will be a difficult time for the entire school, community and beyond.

Roles and responsibilities at this time should be clear. The roles will include:

- Leadership
- Family liaison
- Communication with external agencies – including the media

The leadership team should consider the following:

- Pupils who need support – those who were in the same class, friends. Both individual and group support and/or counselling should be made available.
- Staff who may need support – these should include non-academic as well as academic staff.
- Pupils and staff who may be in need of support or more intensive help (those who have pre-existing mental health problems, experiences of bereavement).
- Sources of support – from the Local Authority
- Local and national bereavement support agencies

<http://supportaftersuicide.org.uk>

How do we tell staff about a suicide?

After liaising with the pupil's family the SLT should meet as soon as possible.

The SLT should inform all of the adults working in the school about the pupil's apparent suicide.

How to inform the adult community. Only the authorities can conclude whether or not the death is a suicide.	What to say It appears that the person appears to have died by suicide. The facts are unclear and the cause of death is still being determined.
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Consider who else needs to be informed. For example:

- Other local educational institutions
- Local safeguarding board
- Local health services (GP, emergency departments etc)
- Parents and carers (pay particular attention to parents and carers of students in close proximity to the person who died and vulnerable students)

How do we tell other pupils about the suicide?

When the adults in the school meet an agreement should be reached on the words to be used to tell pupils about the death.

It is essential that all pupils are told the same information. Try to tell all of the pupils at the same time to prevent some receiving the news before others. This could be done in small groups, year groups or classes.

The information that is shared should include:

- Relevant facts about the event but not the details
- Explanation to normal responses to the news about a pupils death
- Encouraging support for each other and advice to flag if anyone has concerns about any other pupils
- Encouraging positive ways to manage stress or distress
- Letting the pupils know that support is available from the school
- Providing a link to Help is at Hand

<https://www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf>

- Signposting to other support agencies and resources

It is essential that the method used by the pupil to end their life is not discussed. This can be unhelpful, unnecessary and dangerous. Be clear that conversations about the method used to end life will not be engaged in. Explain that it is unhelpful and school wants to ensure the pupil's safety and wellbeing.

It may be appropriate to give the pupils and school staff some time off to be with their families and carers. Opportunities should be given for pupils to express their emotions and identify strategies for managing them. The school staff may not be the appropriate people to do this and other professionals such as counsellors and therapists should be engaged.

Debrief at the end of the day. Check in with colleagues, as this will help manage feelings.

How can pupils be supported after a suicide?

It is important not to panic, but acknowledge how young people are feeling- that pain and distress is a normal response to what has happened.

Ways that distress may manifest itself:

- Tearful, distressed, 'Act out'
- Withdrawn or hyperactive
- May become aware of their own mortality and be scared of death
- Decline in performance at school
- Regressive behaviour e.g. eating, sleeping, toileting

If a pupil wants to talk find a quiet place and listen while they talk or cry.

Examples of what to say	Examples of what not to say
<ul style="list-style-type: none">• How are you feeling?• This is so sad and awful. It is ok to be upset/confused/angry.• We are all so sad and shocked. Would you like to tell me about how you're feeling?• It is hard to know what to say, isn't it? I am here if you want to talk.• Is there anything I can do to help you?• I am not sure what to say but I am here to listen.• I can't imagine what you are going through, but I wanted to let you know that I am here if you would like to talk.• I miss....(name of pupil who has died)... how are you?	<ul style="list-style-type: none">• Avoid clichés such as: 'Life goes on'. 'Time heals everything' or 'They are at peace now.'• Avoid assuming the faith and beliefs of the pupil and their family: 'They are in a better place' 'It was God's will'. 'They will be looking down on you.'• Avoid assuming that you understand how they are feeling, they may not understand how they feel; 'I know how you feel'.• Avoid using judgemental statements such as: 'They were selfish to do that' or 'They took the easy way out'.

As soon as possible seek support and guidance from professional organisations such as:

PAPYRUS Prevention of young suicide <https://papyrus.co.org/>

Support after suicide partnership <http://supportaftersuicide.org.uk/>

- When it feels appropriate try to maintain a routine as much as possible.
- Additional counselling and bereavement support services may be needed in the weeks after the event.

The SLT and colleagues will also need support and guidance during this time. It is important to acknowledge that suicide can affect everyone throughout the school community and beyond.

How do I deal with 'the empty chair'?

When a pupil dies suddenly, there may be a visible symptom of this, such as 'an empty chair'. There also might be other powerful reminders to the community of their tragic loss. If this happens it is important not to ignore it but to recognise it.

A conversation can be had with everyone present to recognise that the 'empty chair' is there and how it makes people feel. A discussion about what to do about it in time can also be helpful.

How can school appropriately remember a pupil who has apparently died by suicide?

It is important to remember someone who has died. It is also important not to pretend that something different has happened.

In the first instance the family should be consulted about the pupil's funeral. If the family wishes, the details of the funeral can be disseminated as appropriate. Flowers may be sent to the funeral if this meets with the wishes of the pupil's family.

The current advice is to remember the pupil at some form of assembly and discourage prolonged use of memorials.

Does anyone else need to be informed about the suicide?

In addition to the staff, pupils and parents consider contacting the following to let them know about the death

- Other local educational institutions
- Local safeguarding board
- Local health services (GPs, emergency departments, psychiatric service)
- National Public Health Team may be helpful in case there is a suspicion that a cluster of suicides may be developing.

Communicating with the press

A young suicide attracts press coverage. School should have a single point of contact who can monitor and react to the media response. All other members of staff should not talk to the media or the press. Comments, stories and photographs should not be shared with the press. School will contact the Local Authority to ask for help in responding to the media. This may include writing of a media statement.

Managing social media coverage.

Terms of use on school website and twitter account clearly states what material is considered inappropriate. This will also include:

- Detail of suicide method used
- Speculation about the location of the apparent suicide
- Speculation about the reason or 'trigger' for the suicide
- Making the deceased appear heroic or brave or that the suicide was a solution to a problem
- Endorsement of myths around suicide

Detecting and preventing multiple deaths.

Unfortunately, people who have lost someone to suicide are at an increased risk of suicide themselves.

The 'Circles of Vulnerability' model is helpful in identifying those pupils who might be particularly vulnerable. These are characterised by:

Geographical proximity – those closely involved in the suicide (witnessed the event or its aftermath, or discovered the body) or exposed to such details on social media

Psychological proximity – those who identify with the deceased (same class, year group, similar interests, sports team, same club) or those who perceived that they may be similar in some way to the person who died

Social proximity – close friends of the deceased, relatives of the deceased.

Particular pupils who may be at risk are:

- Pupils who are suffering from depression or other mental illness, substance abuse or who have a sense of hopelessness
- Pupils who self-harm
- Pupils who feel responsible for the death, or who may be subject to allegations as a result of the death
- Pupils who feel a sense of closeness to or psychological identification with the deceased
- Pupils who already have experience of suicide or self-harm in family or friends
- Pupils who lack family or social support or are otherwise isolated
- Pupils with a history of adverse childhood events (abuse, bereavement) – although not all such pupils will be vulnerable

Possible interventions include:

- Dissemination of information about vulnerability and sources of help throughout the school – website, social media
- Encouraging self care (sleep, hygiene, diet, exercise, maintaining social contacts)
- Assisting pupils who are particularly vulnerable to have easy access to appropriate care and interventions
- Support groups for pupils who feel they may need extra help
- Understanding and responding to pupils with specific cultural needs and beliefs
- Supporting the pupils regarding memorials of pupils deaths, but at the same time trying to avoid institutionalisation of grief
- Consideration of reducing academic stress on affected pupils
- Supporting hope by sharing positive messages about available help, recovery from depression and bereavement.

Staff may also benefit from some of the above interventions. They may also need specific help through staff support groups, debriefing sessions, educational sessions about suicide and self-harm, and about bereavement by suicide.

Sources of support

Wakefield Council has produced leaflets for young people and those who support them, which are available in hard copy and online and contain references to the resources below. The leaflets are available online here:

www.wakefield.gov.uk/childrensmentalhealth

CAHMS – 01977 735 865

Social care direct 0345 8 503 503

www.kooth.com – this is anonymous online support for 11-19 year olds

Samaritans – www.samaritans.org or 116 123 or jo@samaritans.org

www.themix.org.uk – free, safe online telephone counselling support for under 25s

www.childline.org 0800 1111

Papyrus Hopeline – www.papyrus-uk.org 0800 068 4141 or text 07786 209 697 or email pat@papyrus-uk.org – Offer online text or phone support to young people

Young Minds – www.youngminds.org.uk – website has resources for children and young people, parents and professionals

CALM: Campaign Against Living Miserably – www.thecalmzone.net – offers help via the website and a helpline for men aged 15 – 35

Connecting with people – www.connectingwithpeople.org/ucancope - ‘U can cope’ film is to help develop ways for young people to cope with difficulties

Heads above the waves – www.hatw.co.uk – online advice, support and coping strategies for young people suffering from depression and self-harm

Big White Wall – www.bigwhitewall.com – an online service for people over the age of 16

Doc Ready – www.docready.org – helps to prepare people to talk about mental health to their GP

Free Training

Zero suicide alliance / Relias

Free online training on:

- How to identify when someone may be having suicidal thoughts or behaviours
- How to talk opening and confidently to a suicidal person about their thoughts and feelings
- The best process for signposting individuals to services or support networks that can help them

www.relias.co.uk/zero-suicide-allianc/form

