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**Supporting Schools and Colleges in responding to suicides in teenagers: A multi-agency guide for practitioners.**

**Approved: December 2022**

Supporting Schools and Colleges in responding to suicides in teenagers: A multi-agency guide for practitioners.

Handling the aftermath of a suicide is a particularly challenging experience for schools. The tensions between continuing to function as a school, support those who are grieving and celebrate the young person’s life, whilst not celebrating suicide is a particularly unique set of circumstances. An event such as this is very significant for young people in a school community, even if they did not know the person who has died personally.

**Scope:**

The purpose of this guide is to support multi-agency partners to know what response processes are enacted upon the death of a young person from suicide. This is to ensure that schools are supported in a co-ordinated approach and there is appropriate management of any escalating situations to reduce the likelihood of copycat suicides.

**Target Audience:**

In light of this the target audience for this document is as follows:

* Social Workers in the Multi Agency Safeguarding Hub and the Assessment Teams
* Child Death Overview Panel Manager
* Police
* Practitioners and Managers who would support a school in the aftermath of a suicide
* School Heads, Designated Safeguarding Leads and Pastoral Support leads (for information).
* School Mental Health Leads / Designated Leads for Mental Health

**Other CPSCPB Guidance:**

This guidance builds upon the current CPSCPB Guidance regarding young people exhibiting self-harm and suicidal behaviour but does not replace it.

This guidance also acts as a specific annex to the multi-agency Child Death Overview Panel Procedures.

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# The impact of a suicide on a school.

Schools will be notified of a child who has died by suicide via the Child Death Overview Panel (CDOP) Manager but also may receive notification through a number of routes. This may be via the child’s family, police, a hospital, children’s social care, Local Authority.

Schools often find that the suicide of one child can have unexpected triggers throughout the school community, raising a wide variety of issues. School staff themselves may also be grieving, whilst offering support to pupils and parents. The balance between supporting young people in the aftermath of a tragedy, whilst containing escalation within the school context is a significant challenge. Young people often want to mark the occasion in a way that is very different to how adults would, particularly in their use of social media. Maintaining an appropriate compassionate response, whilst supporting students to continue with normal life and keep the school running is important. When an event like this occurs in the school holidays, pupils may be informed before the staff. Whilst that affords time for the school to put a response in place for when students return, there may be a need to inform the school community collectively at a later time when the school community is gathered together. It is beyond the scope of this document to consider the detail of managing a school through a suicide, but such guidance is available and signposted too below.

Schools acknowledge the need for expert advice and support from specialist service providers following a suicide. This can empower staff to support pupils and manage the risks in regards young people’s emotional wellbeing and other pupils who may consider taking a similar path to escape their own difficulties.

The impact of a death by suicide in a school is often felt for many months after the event, with unforeseen events triggering memories and emotions in young people affected, which may again trigger the need for support. This will need to be requested by the school at the time.

All students and parents should be informed of the following online resources:

* <http://www.keep-your-head.com/cyp>this contains a wealth of information for young people, parents and professionals. There is also an adult version where the parents can access support.
* [www.Kooth.com](http://www.kooth.com/) – an online counselling and advice service for young people.

Further guidance and support for schools can be accessed from the following:

* Cambridgeshire Education Safeguarding Manager: Sara Rogers: 07990936820

Peterborough Education Safeguarding Lead, Sue Proffitt: 07920160232

* Jonathan Lewis, Service Director, Education: 07920160402
* Samaritans Step by Step support for Schools : [https://www.samaritans.org/yourhttps://www.samaritans.org/your-community/samaritans-education/step-stepcommunity/samaritans-education/step-step](https://www.samaritans.org/your-community/samaritans-education/step-step)

# Triggering a multi-agency response in the serious suicide attempt or death of a young person from suicide.

The key to ensuring a holistic multi-agency response is early and appropriate communication with the appropriate range of professionals. Appendix 1 outlines this in diagrammatic form.

When a young person dies as a result of suicide, an **Information Sharing** meeting, in line with the Child Death Review (CDR) Statutory and Operational Guidance (England) will take place. This happens within 5 working days of the death. This is chaired by the Designated Doctor for Child Death Review (or their Deputy if not available). All CDR information sharing meetings should involve the Early Help Hub to ensure consideration of the response to the school.

When a young person makes a serious attempt upon their own life or there are safeguarding concerns for that young person or their sibling, Children’s Social Care may undertake a **multi-agency discussion** The school will be invited to that multi-agency discussion.

Key issues for both these meetings to discuss include:

* Most appropriate single point of liaison for the school (also known as the Lead Coordinator – see Appendix 2 for a description of this role)
* Most appropriate single point of liaison for parents of other children who attend the school.
* Initial analysis of any risks to other members of the school community, particularly those with pre-existing mental health conditions. (See Appendix 3 for proximity vulnerability guidance)
* Ensuring co-ordinated provision is offered to the school in the immediate aftermath.
* Consideration of other schools when pupils/members of the friendship group have recently left.
* Arranging a date for review of provision.
* Establishing a route for escalation of concerns, to secure further input and support.

Key people that should be part of that discussion:

* School Key contact e.g., Head Teacher, Designated Safeguarding Lead or Pastoral Lead.
* Education Safeguarding Manager and/or Senior Adviser for Leadership (Cambs), Education Safeguarding Lead (Peterborough)
* Targeted Support Service Manager (Cambridgeshire & Peterborough)
* Emotional Health and Wellbeing Service Manager
* School Nursing (if required)
* Educational Psychology (If required)

It is likely that if a multi-agency discussion is held prior to a CDR information sharing meeting some of these aspects will have been put in place, however a review is always beneficial. A second information sharing meeting, or multi-agency discussion may be convened. This is to follow up on initial actions, to ensure the response is appropriate and proportionate and to initiate any further services that may be of support to the school.

It is important that if any practitioner hears about a suicide outside of these two meetings, that we are confident the Multi Agency Safeguarding Hub ([Mash.c&f@cambridgeshire.gov.uk](mailto:Mash.c&f@cambridgeshire.gov.uk)) and the Child Death Review Manager (CDR cpicb.cdop@nhs.net) have been informed. Both those routes then trigger the informing of the multi-agency partnership.

# Multi-Agency service offer to support schools and other young people.

This section outlines the local support available both within and outside of schools in these situations. The provision of these services will be organised through either the multi-agency discussion or the information sharing meeting.

*In house School Provision:* This will vary from school to school. Often in these circumstances young people will talk to teaching assistants, teachers, and other school staff. Some schools will also have School Counsellors and Pastoral Teams who may be able to support. Schools can also signpost young people to online services:

* [www.Kooth.com](http://www.kooth.com/) – an online counselling and advice service
* <http://www.keep-your-head.com/cyp>- a source of information for young people, parents and professionals.

It is important to note here that every single school feels out of its depth in this situation and needs to be supported effectively.

*Local Authority Early Help (Targeted Support Service) (Thrive Level* Getting Advice, Getting Support and Getting More Help including children open to Social Care)*:*

* *Cambridgeshire:* (01480 376 666) The school team know their communities, and, in such circumstances, liaison occurs between the *Targeted Support Service Manager/Team and the School lead*. Targeted Services support schools by offering a range of interventions bespoke to the school’s needs. This can include offering drop in and pre-booked sessions for students and/or parents, signpost to other services, triage students who are accessing drop-ins or showing signs of distress. This may be done in conjunction with other services for example SEND. This offer to schools is open ended and led by the needs of the school. The Early Help Hub will also be alert to referrals from that area of the county and consider the need for post suicide support.
* *Peterborough:* (01733 863649) The Early Help model in Peterborough is slightly different to Cambridgeshire with some Targeted Support services being commissioned rather than delivered in-house. Targeted Support Services support schools by offering a range of interventions bespoke to the school’s needs. This can include offering drop in and pre-booked sessions for students and/or parents, signpost to other services, triage students who are accessing drop-ins or showing signs of distress. A telephone conversation with any member of the Targeted Support Service will be able to clarify which additional services are available to support.School nursing will also be available to support by contacting the school nursing helpdesk

*School Nursing* (Thrive LevelGetting Advice and Getting Support)*:* School Nursing are part of the initial information sharing.School Nursing do offer a direct support to siblings and assessment of risk regarding vulnerability and mental health.

School Nurses also deliver “CHAT Health” a text-based service that provides young people with the opportunity to access support and help identify unmet health needs. School Nurses can offer support to parents too. School Nurses can be contacted in and out of term time (area specific) through the following routes:

Contact telephone 03000295050

Email Peterborough team at: [cpm-tr.peterboroughschoolnurses@nhs.net](mailto:cpm-tr.peterboroughschoolnurses@nhs.net)

Email Cambridgeshire team at [ccs.cambs.hcp.schoolnursingdutydesk@nhs.net](mailto:ccs.cambs.hcp.schoolnursingdutydesk@nhs.net)

Young people can also access “ChatHealth” 07480635443, which offers confidential advice and support text service.

*Emotional Health and Wellbeing Service (EHWS)* (Thrive Level:Getting Advice and Getting Support) ([ccs.ehw@nhs.net](mailto:ccs.ehw@nhs.net)) The EHWS contains teams that work with schools. Select schools have access to ‘Mental Health Support Teams.’ The remainder are supported by our Emotional Health and Wellbeing Practitioners (who work with the professionals) and the Children’s Wellbeing Practitioners (CWP’s) who provide direct intervention for mild to moderate mental health problems. Professionals can contact the duty line to see how we can help at 0300 029 50 50

YOUnited

YOUnited is an umbrella name for a partnership involving Cambridgeshire and Peterborough NHS Foundation Trust (CPFT CAMHS), Cambridgeshire Community Services NHS Trust (CCS), Centre 33 (C33), and Ormiston Families (OF). YOUnited offers help to children and young people with their emotional wellbeing and mental health. It is available to young people up to the age of 18 and offers a range of support including therapies, counselling and guided self-help. Referrals can be made to YOUnited by a GP or any professional working with children or young people. [Referral information can be found here](https://www.cpft.nhs.uk/gpandprimarycare).

All referrals are triaged and assessed by specialist staff from YOUnited who work with children and young people, as well as their family or carers if required, on the best pathway to support their needs using the iThrive Framework. The YOUnited referral hub only accepts professional referrals.

Regardless of whether the young person was known to YOUnited or not, YOUnited will need to be aware of the event and have a list of names of young people who are potentially vulnerable and might need a referral for Getting Help (CCS, OF, C33), Getting More Help (CAMHS) or Getting Risk Support (C-CAT) level intervention. The list is generated from the initial CDR information sharing meeting and further developed between school and the Emotional Health and Wellbeing Practitioners. The names on the list should meet the thresholds discussed in Appendix 3 for both Geographical and Psychological / Social factors.

The list will be kept in a confidential place for the YOUnited team members to access in line with our “pre-referral” processes and will not be treated as referrals into YOUnited. The names on the list will serve to give a context for YOUnited clinicians to prioritise the screening and processing of a potential referral. YOUnited will not change their thresholds for offering assessment and treatment but will work closely with the external partner agencies to share and obtain relevant information so that timely support can be offered to the young person.

YOUnited clinicians can be contacted to offer telephone advice and guidance to school and other professionals on making a referral to YOUnited to talk through the referral process and risk. YOUnited is not a crisis service and referrals for young people in Crisis should be directed through FRS who will liaise with C-CAT (CAMHS Crisis Team) accordingly.

*Crisis CAMHS (C-CAT)*. If a young person feels they are in crisis or if an adult caring for or working with them is concerned about their safety, they can get immediate advice and support by contacting 111 and selecting option 2. This service may also be able to arrange an urgent face to face crisis assessment if that is needed. By calling 111 option 2, young people over the age of 16 can also access the sanctuary, a safe space for support in crisis, available every evening. In addition to this, hospital emergency departments are also available, especially if there is concern regarding immediate risk to the young person.

*Educational Psychologists:* (Cambridgeshire 01223 699 859/01223 699945) (Peterborough: 01733 863689) Educational Psychologists (EPs) regularly work with schools at a systemic level and in relation to individual children and young people. Every school has a link EP and SENDCo or equivalent. EPs are trained in trauma and bereavement and in psychological therapeutic interventions. Following a critical incident or sad event, support is offered by EPs in a consultative capacity, giving support and guidance around communicating key messages to school staff, students and the wider community, assessing needs and resources within the school, and supporting students and their families. In some cases where it is felt appropriate EPs might engage in some direct work with students.

*Police Liaison Service:* The Police have the responsibility for carrying out an investigation into the death on behalf of the coroner. As part of that they will look at the social media and electronic devices relating to the deceased young person. This may cause them to link with other members of the young person’s social network. At that point, in regards these young people, the police liaison service may link directly with the school.

For national and voluntary sector support available please see [Keep Your Head](http://www.keep-your-head.com/cyp) this contains a repository of information for young people, parents and professionals. [www.Kooth.com](http://www.kooth.com/)  also provide an online counselling and advice service for young people in Cambridgeshire and Peterborough.

Supportive information can also be found:

[Help is at hand – Support After Suicide](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsupportaftersuicide.org.uk%2Fresource%2Fhelp-is-at-hand%2F&data=05%7C01%7Cclairesaggiorato%40nhs.net%7Cb9ae56a6b1084e3ab2c708dac976a576%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638043809153895234%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=4AjuYUMYXo0sBmUD4klzthpTui6%2Fof7yGg6LDA0xJKc%3D&reserved=0) – is a booklet with guidance and resources for anybody bereaved by suicide

[Home - First Hand (first-hand.org.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffirst-hand.org.uk%2F&data=05%7C01%7Cclairesaggiorato%40nhs.net%7Cb9ae56a6b1084e3ab2c708dac976a576%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638043809153895234%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=0Wx4bMp9tuv0BKMnUhCfbqyP6ntIE5X23%2Ft8qwUBVLs%3D&reserved=0) – for anyone who has witnessed a suicide and did not know the person who has died

# Ongoing assessment and escalation of risk and vulnerability within a school setting after a death by suicide.

Supporting schools and young people in the aftermath of such an event is best enabled through a non-medical approach, this facilitates a normal response to a tragic event and supports community healing. Good partnership working with parents and specialist professionals helps to enable young people to have the emotional language required to express themselves, considering early intervention as appropriate. Parents and the family network are the first line of support for young people in this setting, however, there needs to be an awareness that some young people may not be as supported by this means.

All professionals in the above services are competent at assessing risk to individual young people regarding their emotional wellbeing or mental health. Should a professional become concerned that there is an increasing weight of risk in a number of young people there needs to be a gathering of professionals to ensure a robust risk assessment and support plan is in place for the school via a multi professional meeting.

A suicide cluster is defined as any change in trends/rates of suicide within an individual population or environment. The national guidance states that an individual death within a vulnerable institution, such as a school or university, warrants a suicide cluster response and consideration for a multi-professional meeting should be made.

These concerns should be escalated to the lead contact for the school who is responsible for seeking appropriate senior support and calling a review meeting.

The purpose of this meeting would be

* To ensure the appropriate support is in place for children and young people exhibiting signs of distress, and identification of other known vulnerabilities from partners e.g., Social Care.
* To avoid duplicating efforts and ensure a clear time frame for the response.
* To ensure early identification of vulnerable peers who may also be at risk due to geographic, psychological, or social proximity.
* To review effectiveness of interventions offered and ensure there is sufficient support in place for the school as a whole.
* To consider any environmental or operational changes needed at particular locations.
* To plan for longer term, follow up around significant dates, or if support required again in the future.
* To identify date of next review meeting if required.
* To consider informing senior management and any escalation if required.

It is expected that the following professionals would be contributing to that meeting:

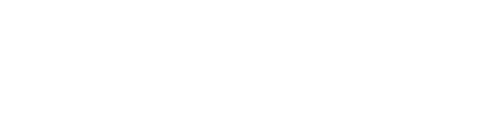
* School Key contact e.g., Head Teacher, Designated Safeguarding Lead or Pastoral Lead.
* Education Safeguarding Manager and/or Senior Adviser for Leadership (Cambs), Education Safeguarding Lead (Peterborough)
* CAMH SpA Manager
* Targeted Support Service Manager (Cambridgeshire)/Early Help Services (Peterborough)
* Emotional Health and Wellbeing Service Lead
* Police (if required)
* Children’s Social Care Manager (if case already open to Children’s Social Care)
* School Nursing
* Educational Psychology (If required)
* Local Authority Suicide Cluster Response group representative (if indicated)

*Of note: If levels of risk to any young person are such that there is significant or potentially significant harm, these young people should be referred to Children’s Social Care. Children’s Social Care would then consider holding an appropriate multi-agency meeting and invite the relevant professionals including the school to consider the risks to these young people.*

# The debrief and support of staff involved in caring for schools and other young people in the event of a suicide.

There is a need to consider the welfare of all staff involved in the support of a school community in the aftermath of a death by suicide. Additionally, School staff can often be on the receiving end of blame and anger from parents. All organisations have their own occupational health processes available to staff. However, it may be appropriate to consider a debrief for all staff, or a particular staff group if required. This could be led by various individuals in the network, a discussion should take place in the network as to who is the most appropriate in each incident. Consideration should also be given for a review debrief meeting at a scheduled at a later date to enable the school staff to reflect on their experience and identify any lessons learnt.

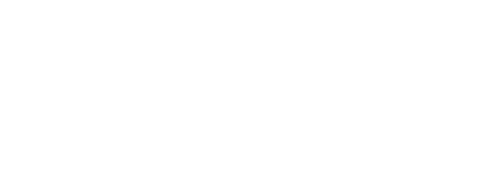
# Appendix 1: Flow chart outlining the development of a co-ordinated response:



Services become aware of a

young person who has attempted

or completed suicide



CDR

Information Sharing/

multi

-

agency discussion

held to

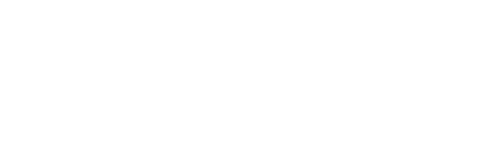
consider safeguarding, wider

vulnerabilities and support for

school

; both staff and

pupils.

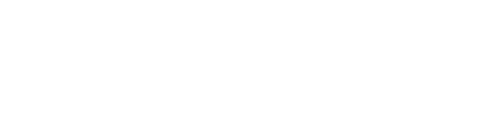


Response delivered in school by

a range of services, including

ongoing review and escalation as

appropriate.



CDR

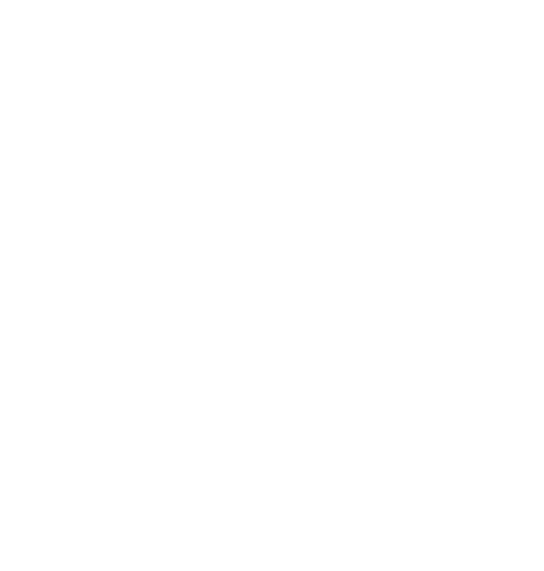
follow up meeting 4

–

6

weeks post event to review case

and wider interventions offered.



When a suicide occurs

in holiday

time

the process remains the same,

however there will be a delay before

the response is delivered. The

following needs to be considered:



Be aware of

what is going on

in

social media.



Work with the family about

what and when information

should be shared.



A targe

ted and tiered

approach should be

considered

to sharing

information.

# Appendix 2: The role of the Lead Co-ordinator.

The lead co-ordinator is there to ensure oversight of the response offered by the partnership to the school. They are not accountable for the services given. The bullet points below describe what is involved in this role:

* To be the single point of contact for the school lead into the multi-agency response
* To link with the school lead to ensure that the response is appropriate and proportionate.
* To link with the different elements of the partnership response to ensure they are aware of key issues as appropriate.
* In partnership with the school and the wider multi-agency response to escalate any concerns or call a review meeting as appropriate.

The role of Lead Co-Ordinator could be undertaken by:

* Targeted Support Service Managers (Cambridgeshire)
* Educational Psychologists
* School Nursing

It is the responsibility of the Lead Co-Ordinators line manager to ensure they are sufficiently supported and debriefed.

# Appendix 3: Tool for assessing vulnerability of individuals based on proximities to suicide victim.

Every suicide is like a stone cast into a pool of water – ripples spread out across the pool, but the effects are larger closer to the point of impact. Proximity to the suicide can be considered in three regards: geographical, social, or psychological. They are defined below.

Geographical: *the physical distance between a person and the incident.*

o Including

* + Did they discover the body?
  + Has there been extensive or substantial media coverage that may have impacted them.
  + Are they neighbours, family members or professionals who have attended the scene?

* Psychological and Social: *The psychological and social closeness of the individual to the person who has died by suicide.*

o Including

* + Boyfriends/Girlfriends.
  + Classmates and classmates of siblings.
  + Social media connections.
  + Clubs/societies/faith group friends.
  + People contacted by the person who died, on the day of death.