



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

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Handling the aftermath of a suicide is 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 in order to reduce the likelihood of copycat suicides.

Target Audience:

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

- Social Workers in the Multi Agency Safeguarding Hub
- Child Death Overview Panel Manager
- Police
- Practitioners and Managers who would support a school in the aftermath of a suicide
- School Heads and Pastoral Support leads (for information).

Other LSCB Guidance:

This guidance builds upon the current LSCB 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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1. The impact of a suicide on a school.

Schools will be notified of a suicide (actual or attempted) potentially through a number of routes. The police, the hospital, children's social care, or the child death overview panel are all routes by which the school may be notified of a suicide, or a serious suicide attempt.

Schools often find that the suicide of one child can have unexpected triggers throughout the school community, raising a wide variety of issues. An additional challenge is that school staff who are themselves grieving, are also offering support to pupils and parents alike. 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, schools have found that pupils may hear before the staff. Whilst that affords time for the school to put a response in place in a considered way when students return; there is a need to inform the community, when the community is not gathered together in one point and the support offered to them is less co-ordinated. 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 to below.

Schools acknowledge at this time, the need for expert advice and support from specialist service providers to empower staff to support pupils and manage the risks in regards young people's emotional wellbeing. Young people could easily see the way the memory of the deceased young person is marked and consider taking a similar path to escape their own difficulties and leave a positive legacy.

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 – an online counselling and advice service for young people.

Further guidance and support for schools to consider this more can be accessed from the following:

- Cambridgeshire Education Child Protection Service: 01223 729045 (In Holiday only: Jonathon Lewis Director of Education 07920160402)
- Peterborough Safeguarding Education Team 01733 207150 / 01733 452668 (In Holiday only: Clare George 07961240382)
- Samaritans Step by Step support for Schools : <https://www.samaritans.org/your-community/samaritans-education/step-step>
- Papyrus: Resource for Supporting Schools: <https://www.papyrus-uk.org/repository/documents/editorfiles/toolkitfinal.pdf>

2. 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 makes a serious attempt upon their own life, Children's Social Care will undertake a **multi-agency discussion** to consider any safeguarding issues for that young person or their sibling. The school will be invited to that multi-agency discussion. The lead agency for this meeting is Children's Social Care.

When a young person makes a serious attempt on their own life, partner agencies will undertake a multi-agency discussion to consider any safeguarding issues for that young person or their sibling. The school will be invited to the multi-agency discussion. The lead agency for this meeting will be dependent on the case

When a young person dies as a result of suicide, an **Information Sharing** meeting, in line with the Child Death Reviews (CDR) will take place. This happens within 5 working days of the death, but likely to be sooner. The lead agency for this meeting is Health. All CDR information sharing meetings should involve the Early Help Hub to ensure consideration of the response to the school.

Key issues for both these meetings to discuss include:

- Most appropriate single point of liaison for the school (also known as the Lead Co-Ordinator – see [appendix 2](#) for a description of this role)
- Most appropriate single point of liaison for the school parents.
- 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.
- To ensure briefing of Emergency Departments if appropriate.
- 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, in order to secure further input and support.

Key people that should be part of that discussion:

- School Key contact e.g. Head Teacher or Pastoral Lead.
- Education Advisors / Education Safeguarding Manager.
- CAMH SpA Manager
- Early Help Manager (Cambridgeshire)/Early Help Services (Peterborough)
- Chums (If involved) Manager
- Emotional Health and Wellbeing Manager
- Police (if required) Manager
- Children's Social Care Manager (if case already open to Children's Social Care)
- School Nursing
- 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 review is always beneficial. A

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second information sharing or multi-agency discussion may be convened, 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. In all suicides a review will occur 4 weeks after the event.

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 0345 045 1362) and the Child Death Reviews (CDR Capccq.cdop@nhs.net) have been informed. Both those routes then trigger the informing of the multi-agency partnership.

3. 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. However, as already discussed these staff are trying to maintain “normal school life” and teaching commitments, whilst handling this situation. Some schools will also have School Counsellors and Pastoral Teams who may be able to support some aspects of this situation. Schools can also signpost young people to two online services:

- 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 (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 *Early Help District Manager/ Early Help District Team and the School lead*. Early Help 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 and our clinician service. If necessary, the *Early Help Clinician* will review the risk and vulnerability of young people as a collective to ensure that the school is managed appropriately. This will be in partnership with other staff involved and the lead co-ordinator. They will link with other professionals such as CAMH to support particular students as appropriate. This offer to schools is open ended, and led by the needs of the school. The Early Help Hub will also be alert to be prepared for 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 the majority of services being commissioned rather than delivered in-house. However, school nursing will be available to support by contacting the school nursing helpdesk, and should the suicide be a secondary age

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young person, members of the Local Authority Youth in Localities Team will look to assist in providing drop-in support for students in school as part of a multi-agency package of support. A telephone conversation with any member of the Early Help Service will be able to clarify which additional services are available to support.

CHUMS (*Thrive Level Getting Advice and Getting Support*): CHUMS are a service commissioned by Public Health and the Local Authorities. They would give schools advice and support, as well as being a place for students to be referred to for early intervention support and bereavement group work as required. For *Peterborough* CHUMS is the main provider of school based support services at the time of the incident, in partnership with school nursing, emotional health and wellbeing practitioners and youth support. <http://chums.uk.com/>

School Nursing (*Thrive Level Getting 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. In *Peterborough*, School Nursing deliver this through school based clinics. In *Cambridgeshire*, as well as school based clinics, School Nurses also deliver “CHAT Health” a text based service that helps identify unmet health needs through providing young people with the opportunity to access support from school nursing. 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:

Peterborough (CPFT) 01733 746822 / cpm-tr.peterboroughschoolnurses@nhs.net

Cambridgeshire (CCS) 0300 029 5050 /
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 Practitioners (*Thrive Level: Getting Advice and Getting Support*) (ccs.ehw@nhs.net OR 0300 555 5060 Monday – Friday 09:30 – 16:30) These practitioners go in and proactively offer support to staff in managing young people with emotional and mental health concerns. They would not see young people directly themselves. They would signpost staff, parents and students to other services across the thrive spectrum. They would also be able to support the school in the longer term.

Child and Adolescent Mental Health Services – (CAMHS) Single Point of Access (SPA) (01480 428115) (*Thrive level: Getting more help*). Regardless of whether the young person was known to CAMHS or not, CAMHS SPA 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 CAMHS level intervention. The list is generated from the initial CDR information sharing meeting and further developed between school and the EHWP 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 SPA team members to access in line with our “pre-referral” processes, and will not be treated as referrals into CAMHS. The names on the list will serve to give a potential referral a context for SPA clinicians to prioritise the screening and processing of a potential referral. CAMHS will not change their thresholds for offering assessment and treatment, but will work closely with the partner agencies to share and obtain relevant information so that timely support can be offered to the young person.

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SPA clinicians can be contacted to offer telephone advice and guidance to school and other professionals who are considering making a referral to CAMHS to talk through CAMHS thresholds and risks. SPA is not a crisis service.

Crisis CAMHS. 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 often a strong working relationship, usually with the 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 within the school, accessing resources 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 <http://www.keep-your-head.com/cyp> this contains a repository of information for young people, parents and professionals. www.Kooth.com also provide an online counselling and advice service for young people in Cambridgeshire and Peterborough.

4. 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 of young people who may not be as supported as necessary 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 children and there needs to be a further gathering of professionals to ensure a robust risk assessment and support plan is in place for the school then there needs to be another multi professional meeting. 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 ensure avoidance of duplicating efforts and ensure 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 the informing of senior management and any escalation if required.

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

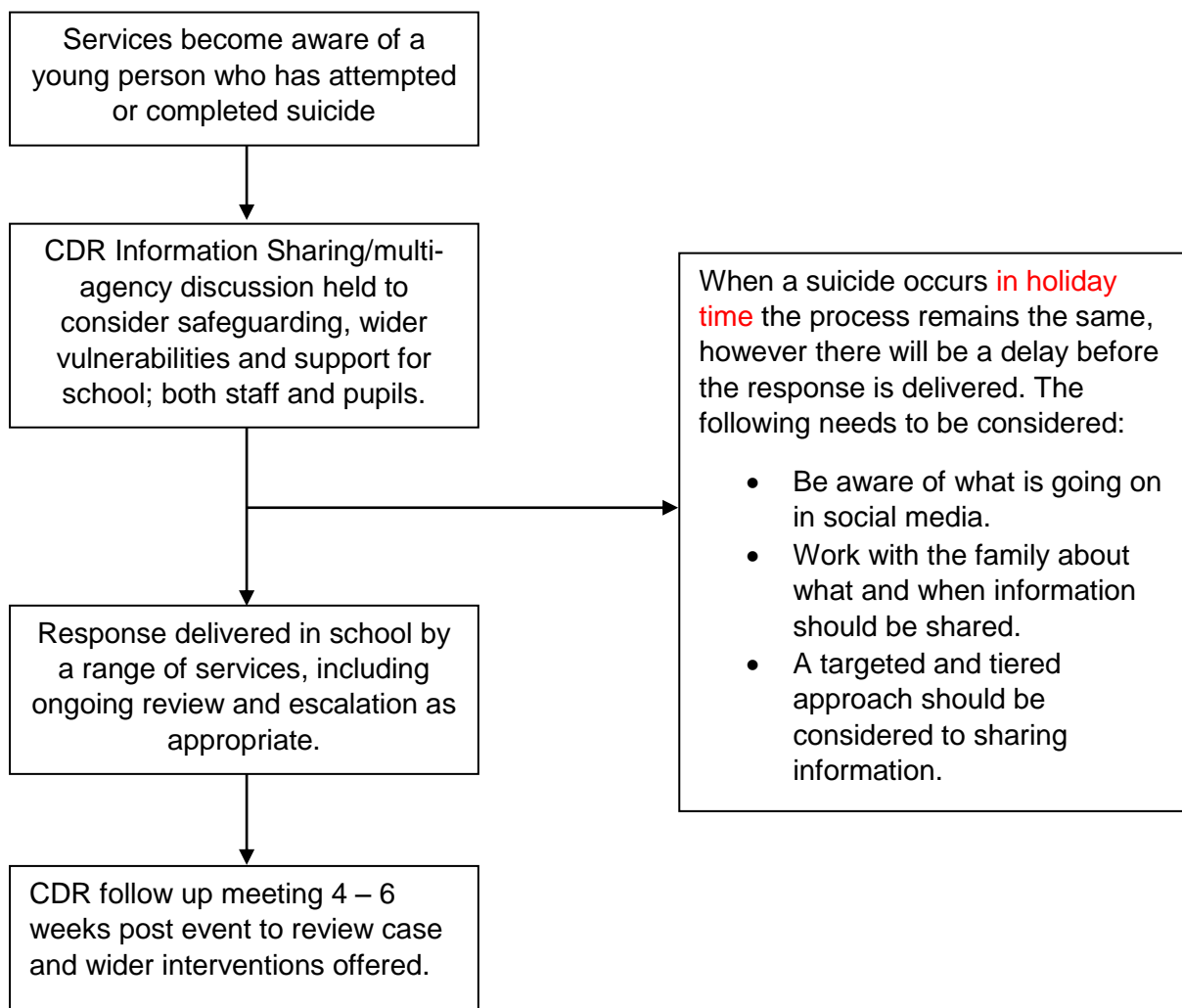
- School Key contact e.g. Head Teacher or Pastoral Lead.
- Education Advisors / Education Safeguarding Manager.
- CAMH SpA Manager
- Early Help Manager (Cambridgeshire)/Early Help Services (Peterborough)
- Chums (If involved) Manager
- Emotional Health and Wellbeing Manager
- Police (if required) Manager
- Children's Social Care Manager (if case already open to Children's Social Care)
- School Nursing
- Educational Psychology (If required)

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.

5. 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.

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



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:

- Emotional Health and Wellbeing Practitioners
- Early Help Clinicians/Managers (Cambridgeshire)
- 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 all the way to the edge, 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 and with aspects it could include.

- Geographical: *the physical distance between a person and the incident.*
 - 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.*
 - Including
 - Boyfriends/Girlfriends.
 - Classmates and class mates of siblings.
 - Social media connections.
 - Clubs/societies/faith group friends.
 - People contacted by the person who died on the day of death.