

<b>Suicide Safety Amongst Students Policy</b>			
<b>Current Status:</b>	Operational	<b>Last Review:</b>	
<b>Policy Owner:</b>	Group Head of Welfare and Safeguarding	<b>Next Review:</b>	July 2026
<b>Roles Responsible for Review:</b>		<b>Originated:</b>	February 2025
<b>Approved by:</b>	Post 16 Curriculum and Quality	<b>Committee:</b>	Educational Excellence Committee
<b>Type of Policy:</b>	Staff / Students	<b>Quality Assured by:</b>	Policy Team

## 1. Summary

- 1.1. This policy applies to all staff, volunteers and any other personnel associated with Eastern Education Group Trust (EEGT), which includes:
- Chalk Hill
  - Duke of Lancaster School
  - Exning Primary School
  - Priory School
  - Stone Lodge Academy
  - Sunrise Academy

## 2. Suicide safety amongst students

- 2.1 EEG are aware that:
- suicide is the leading cause of death in children under 18 and young people,
  - we play a vital role in helping to prevent young suicide.
- 2.2 We want to make sure that children at our schools are as 'suicide-safe' as possible and to create a group of suicide-safer schools.
- 2.3 We acknowledge that thoughts of suicide are common among children.
- 2.4 We believe that every suicide is a tragedy and recognise 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 learned from each death that may help prevent future deaths.
- 2.5 We recognise that the stigma surrounding suicide and mental illness can be both a barrier to help seeking and a barrier to offering help. We are committed to tackling suicide stigma. In our language and in our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate

taboos. This will include avoiding the use of language which perpetuates unhelpful notions that suicide is criminal, sinful or selfish. We know that unhelpful myths and misconceptions surrounding suicide can inhibit children in seeking and finding appropriate help when it is most needed.

- 2.6 We recognise that children may seek out someone whom they trust with their concerns and worries. We want to play our part in supporting any children who may have thoughts of suicide.
- 2.7 We know that children who have thoughts of suicide may or may not also be behaving in a way that puts their life in danger (suicide behaviours). Children experiencing suicidal thoughts are potentially at risk of acting on these thoughts. Those who are already engaging in suicide behaviours are also clearly at risk of death or harm. We will work with children who may be thinking about suicide or acting on their thoughts of suicide, and offer support to them, sometimes working in partnership with family, care givers and other professionals where this may enhance suicide safety.
- 2.8 We know that a person who is suicidal may find it very difficult to make their feelings known and speak openly about suicide. We will equip adults with the skills to identify when a children may be struggling with thoughts of suicide. These adults will be trained to keep our young people suicide-safe.
- 2.9 We will provide our children with opportunities to speak openly about their worries with people who are ready, willing and able to support them. We want to make it possible for every person, and those who support them, to do so safely. This will be in a way that leads to support and help where this is needed. We will do all we can to refrain from acting in a way that stops a children seeking the help they need when they are struggling with thoughts of suicide.
- 2.10 Our governance and senior leadership team will be clear about how we will respond in the event of a suicide. Each member of our named response team will have a defined responsibility within our plan including leadership, family liaison and any communications with external agencies, including the media.
- 2.11 We will have a clear picture of who has received general suicide awareness education and commit to this being refreshed periodically (at least every three years). We have a safeguarding team who are trained in Applied Suicide Intervention Skills Training (ASIST).
- 2.12 We have a clear policy about how staff should work together where thoughts of suicide or suicide behaviours are known among our young people. We will manage the sharing of information in a way that enhances safety.

### **3. Ongoing Support and Development of our Policy and Practices**

- 3.1 Our governance and senior executive team keep up to date by maintaining contact with best practice and on-going training.

#### **4. Our response to a Suicide Attempt**

- 4.1 A suicide attempt is an act carried out by a person with the intention of ending their own life. A suicide attempt by a student can have a significant impact on a school community, causing distress and anxiety for fellow children, staff and parents/guardians.

- 4.2 We believe there are 10 steps that guide our response to a suicide on site.

- 1) Remain calm, non-judgemental and caring.
- 2) Always communicate with the parent/guardian of the child and any professionals involved in the care of the child.
- 3) The safety of the student and others is of vital concern should a suicide attempt occur in school. Keep the child safe and supported, and take them to a safe, private place if they can be moved.
- 4) Call an ambulance if a child:
  - has taken a drug or medicine overdose or consumed poison,
  - is seriously injured,
  - is unconscious, confused, or disoriented, and/or
  - has bleeding that is rapid or pulsing.
- 5) Call the police if a child is disclosing intent to harm self or threatening to harm others, or is so distressed that they are unmanageable in the school environment.
- 6) Respect the confidentiality of the child and consider the wishes of the child and their family when communicating about any suicide attempt.
- 7) Consider the impact of the event on others. Ask a Designated Safeguarding Lead (DSL) to check safety and wellbeing of other children, classmates, bystanders and witnesses who may be impacted. Contact parents/guardians of other children impacted and at risk, and advocate for support and suicide risk assessment being provided for these children.
- 8) Refer children appropriately based on assessment of support needs. Become familiar with the range of mental health and youth support agencies, programmes and professions available.
- 9) Inform and liaise with relevant authorities and agencies. Follow Emergency Management critical incident reporting protocols. Have a School Designated Safeguarding Lead follow up and liaise with hospital or mental health services, or any support service or programme, about support planning, communications and information sharing.
- 10) Consider the impact of social media on other students. Determine whether information about the attempt is on social media and if this is impacting on other children.

### 5. How we support a child to return following a suicide attempt?

5.1 Before the child involved plans to return to school, we will:

- 1) Talk with the child and their parent/guardian and ask that they attend a meeting in school before their return. Time away from school should be a minimum of 2 full days.
- 2) Arrange a meeting time and date to everyone's convenience.
- 3) At the meeting we will explore what support is in place externally, and also what further support we can provide e.g. ask the child what they need.
- 4) The child who attempted to take their life may not currently be suicidal, however suicide may still be an option for them, or become an option again in the future which is why a safety plan is needed. It is important that the student has a Suicide Safety Plan: a plan that they and their parents have created with support that details how they want to stay safe from suicide. It is essential that the plan is created together with the child – with them at its centre. Creating a plan with them, not for them.

5.2 The plan must be something that they feel they are able to agree to. A good Suicide-Safety Plan always includes the following:

- a) Helpline numbers that are available and appropriate - including 24-hour helplines.
- b) Safety Contacts: people and organisations that the child can contact when they feel they can't keep themselves safe, including a contact for when they are at school.
- c) Arrange for regular 'check-ins' with a welfare officer once they have returned to school to see how they are doing and to check the plan is ok for them.
- d) Be prepared to amend the Suicide-Safety Plan based on their needs. It is a live document and may change over time.
- e) The Suicide-Safety Plan might also include professional support from a counsellor or therapist during school time.

### Revision History – Suicide Safety Amongst Students Policy

Revision date	Reason for revision	Section number	Changes made
February 2025	Amalgamation		Policy updated to new EEG version