



Royal Borough of Windsor & Maidenhead  
SAFEGUARDING PARTNERSHIP



# POSTVENTION PROTOCOL

FOR SUSPECTED SUICIDES ACROSS ALL RBWM  
SCHOOLS AND FURTHER EDUCATION COLLEGES

Guidance and signposting in the case of a child or young person's  
death by suspected suicide in the school or college community

Produced by Population Health Ltd on behalf of Royal Borough of Windsor &  
Maidenhead Suicide Prevention Group  
May 2024

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## ACTION CARD AND CHECKLIST FOR SCHOOL/COLLEGE

(N.B. This must be used in conjunction with the protocol as a whole to ensure all actions are undertaken comprehensively and effectively).

(this should be the same if the event occurs during term time or holidays)

		RESPONSIBILITY?	COMPLETE?
<b>1. Notification</b> (immediately)	If school/college are aware first: School/College to notify CDR Team via <a href="#">Pan Berkshire Child Death Overview Panel</a> <sup>1</sup>		
<b>2. Convene CIR Team</b> (within 12 hours)	a. Convene CIR Team		
	b. Brief immediate CIR Team		
	c. Follow <a href="#">RBWM Critical Incidents Guidance for schools</a> in conjunction with this protocol and <a href="#">Frimley ICB Protocol: Health Led Rapid Response for Unexpected Child Death</a> (otherwise known as the CDR process)		
	d. Contact <a href="#">RBWM Educational Psychology &amp; Wellbeing Service</a> . 07926 075 218. This service does not operate 24/7 but does run in school holidays, if out of hours contact MASH 01344 786543		
	e. Identify CIR Team member(s) to attend JAR and be link with CDR Team		
	f. Identify CIR Team member to liaise with CDT Team media spokesperson.		
	g. Agree how to check in with family and offer condolences and support.		
	h. Identify CIR Team member to liaise with CDT Team family keyworker to ensure all communications with family are channelled via them.		
	i. Complete the Vulnerabilities Matrix ( <a href="#">Appendix 6</a> ) issued by the CDR Team for discussion at the JAR meeting.		

<sup>1</sup> Note: If contagion or a cluster is suspected (in Borough or OOA with links to the Borough) there is a process that is followed and instigated via the CDR Team. The Local Authority Suicide Prevention lead co-ordinates and mobilises a Suicide Cluster Response Group (SCRG) which is a system-wide response to a suspected suicide with the primary focus of reducing further deaths by suicides and supporting the collective efforts of all the agencies that are impacted. The role of the school/college in the SCRG will be determined by the circumstances of the individual cases of suspected cluster/contagion. However, this will be articulated and communicated via the SCRG if one needs to be set up, at the outset.

	Note: Minimising the risk of suicide contagion is a priority in addition to supporting and communicating to the school/college community		
<b>b. Responsible communication</b> (within 24-48 hours)	a. Establish the family's wishes in relation to how the death is referred to via the CDR Team family keyworker.		
	b. Use the guidance and sample communications (Appendices 2,3 & 4) in this protocol to craft responsible messaging to your school/college community.		
	c. Liaise with CDR Team media spokesperson (Police) to co-ordinate any media communications and use the media guidance in this protocol.		
	d. Co-ordinate school/college admin so that the family does not receive any general administrative letters/texts.		
	e. Set up a meeting with all staff to ensure next steps are understood and guidelines on safe messaging about suicide are followed.		
	f. Communicate to all staff who the identified CIR Team member is who is the only person authorised to deal with media/communications.		
	g. Circulate the Useful Language section ( <a href="#">Appendix 1</a> ) to all staff to assist them with how they speak to their students.		
<b>b. Managing risk</b> (24hrs-1 week)	a. Utilise the Vulnerabilities Matrix ( <a href="#">Appendix 6</a> ) and intelligence from the CDR Team (as part of the JAR or separate CSC Strategy meeting) to highlight vulnerable students and staff members.		
	b. Put measures in place with EP and other agencies' support (as advised by the JAR or separate CSC Strategy meeting) for those identified vulnerable students and staff, see the Managing Risk section in this protocol.		
<b>c. Signposting Support</b> (24hrs-1 month)	For support available following a suspected death by suicide, please see the Signposting to support available section in <a href="#">Appendix 5</a> . In particular <a href="#">Amparo</a> is a specialised suicide bereavement support service for anyone affected by suicide across RBWM.		
	Note: Support for both staff and students is essential.		
	a. Depending on the wishes of the family send a school/college		

<b>d. Moving forward</b>	representative to attend the funeral service.		
	b. Normal school attendance continues for those students who do not attend the funeral (with a parent/carer).		
	c. Use this protocol to steer decisions on memorials.		
	d. Contribute to any debriefs and offer any learning from the school/college experiences to further suicide prevention initiatives in RBWM via contact with the CDR Team.		
	e. Formulate an 'exit strategy' to clarify when the steps involved in the response phase have moved into 'business as usual' phase		

## 1. Introduction

When a suspected<sup>2</sup> suicide occurs (sometimes referred to as a critical incident in the school community), the effect on those touched by it - families, friends, school or college setting and the wider community— is immediate and traumatic. It is a sudden unexpected event that is distressing to pupils, their families, carers and staff. The impact is significant, leaving a school or college with many questions about what to do next. Students often struggle to cope, and it can be difficult for the school community to know how it should respond. In these circumstances, schools need clear guidance and support.

This protocol has been drawn together with a variety of expertise and evidence of what can help in the aftermath of a tragic suicide and what needs to happen to prevent further suicides. All lives are precious; therefore, this is for all schools and colleges across the Royal Borough of Windsor and Maidenhead irrespective of whether they are local authority maintained, independent, academies or further education colleges.

People bereaved by suicide can be up to 65% more likely to attempt suicide themselves<sup>3</sup> and are particularly vulnerable. Schools and communities should be aware that exposure to suicidal behaviour in others is linked to an increased risk of suicide, however the scale and the duration of this risk is difficult to quantify. The key learning from the literature is to distinguish the relationships of those exposed at the same time as assessing whether there is anything that would also increase their vulnerability to suicide<sup>4</sup>.

## 2. Purpose

This protocol aims to provide a step-by-step guide for school & college leaders affected by a suspected suicide involving students in their establishment so that they are prepared for how to respond. It is also for use by the multiple agencies involved in postvention.

The underlying driver is to ensure schools and colleges have a clear path to follow in the aftermath of a suspected suicide that ensures support for all those affected as well as reducing the risk of further suicides.

Postvention is:

*“the term given to activities and programmes that are intended to assist those who have been bereaved by suicide to cope with what has happened. Suicide prevention and postvention are closely related in that postvention can also prevent further deaths.”*

from Help when we Needed it Most (Samaritans, 2017)

<sup>2</sup> The word ‘suspected’ is used in the document as a suicide is not the confirmed cause of death until the Coroner’s inquest is complete.

<sup>3</sup> <http://bmjopen.bmj.com/content/6/1/e009948>

<sup>4</sup> <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003074> (2020 systematic review)

### 3. Limitations

Individual organisations have different remits and processes in place with specific criteria defining what specific groups they are responsible for. This imposes some limitations in terms of pathways used, and which are relevant, depending on the circumstances surrounding the child or young person involved.

The Child Death Review ([CDR](#)) process operates for any child or young person under 18 years.

There are no separate defined pathways for the three groups detailed below, as they are managed on a case-by-case basis. This is a developmental area for the Suicide Prevention Group to consider as these groups require many of the responses detailed within this protocol.

- a SEND young person between 18-25 years of age who dies by suspected suicide does not fall under the CDR process (please note that the Learning from Lives and deaths, people with a learning disability and autistic people ([LeDeR](#)) programme is a national reporting mechanism for deaths of over 18 year olds with autism or a learning disability)
- young people 18-25 who are considered vulnerable and known to Social Care do not fall under the CDR process.
- Children who are home schooled.

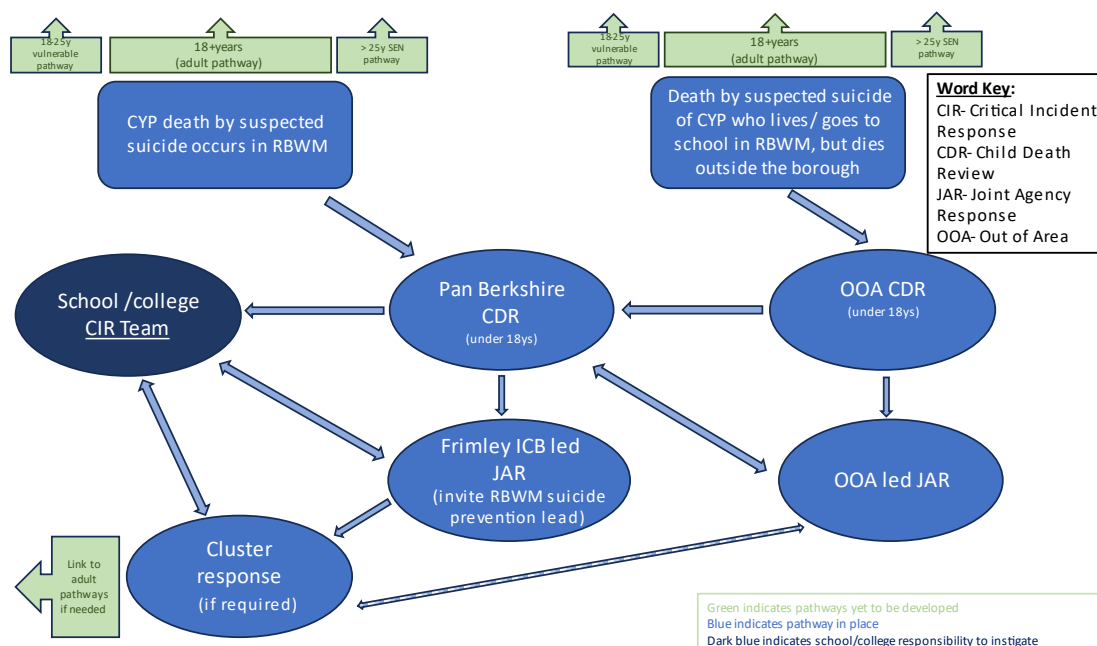
The CDR process that covers schools and colleges across the Royal Borough of Windsor and Maidenhead comes under the umbrella of the [Pan Berkshire Child Death Overview Panel](#) (CDOP). However, for the purposes of this protocol which is specific to Windsor and Maidenhead it is the [NHS Frimley ICB protocol - Health led rapid response for unexpected child death](#) that is triggered as this covers East Berkshire.

## 4. Overview & Summary

Figure 1 shows the various system responses that may be involved and the relationship between them.

Figure 1- System response to death by suspected suicide

For ease of reading all acronyms are detailed in the [Appendix 8: Glossary](#)



### 4.1 OVERVIEW SUMMARY – Multi-agency response (this should be the same if the event occurs during term time or holidays)



STEP	TASKS	LEAD
<b>1. Notification</b>	<b>Child Death Review Team</b>	<b>School/college</b>
	Notified of all deaths that occur in RBWM, in children and young people under 18 years.	<b>If school/college are aware first</b> School/College to notify CDR Team via <a href="#">Pan Berkshire Child Death Overview Panel</a> in the first instance of a suspected death by suicide in a school/college community.
	Notification usually via the hospital, police or ambulance service.	<b>If school/college is unaware</b> Notification will be via Police, MASH, Local Authority or CDR Team.
	For deaths that occur out of area (OOA), CDR team in that area take the lead. OOA CDR team notify local CDR team for RBWM.	<b>If an out-of-area suspected suicide is connected with the school/community</b> Notification will be via local CDR Team following contact from OOA CDR Team.
		Note: Please refrain from contacting further services/support (excluding emergency services) at this point and avoid sharing any personally identifiable information with others.
<b>2. Response Mobilisation</b>	<b>Child Death Response (CDR)</b>	<b>Critical Incident Response (CIR)</b>
	Joint Agency Response (JAR) instigated and led by the CDR Team within 48 hours. Children Social Care (CSC) will hold strategy meeting separate from JAR especially in case with siblings.	School/College led response focused on school/college community within 12 hours.
	Statutory responsibility.	Good practice.
	Follow the <a href="#">Frimley ICB Protocol: Health Led Rapid Response for Unexpected Child Death</a> (otherwise known as the CDR process).	Follow <a href="#">RBWM Critical Incidents Guidance for schools</a> in conjunction with this protocol.
	CDR team will identify which organisations need to be represented at the JAR. Representation is limited to those who have sufficient knowledge of the child or young person to actively contribute to the JAR, take back information and actions to	CDR Team will ask for 1 school/college representative to attend the JAR. This should be someone who has sufficient knowledge of the child or young person to actively contribute to the JAR. They will be expected to take responsibility for

	their organisation. It also better protects the psychological safety of JAR members.	feedback to the school/ college and school/ college actions.
	In the case of suspected contagion/ cluster the Local Authority Suicide Prevention lead (as a member of JAR) to instigate a Suicide Cluster Response Group to mobilise a System-wide response	
	For OOA deaths, OOA CDR team will lead JAR and liaise with local CDR team. For OOA suspected contagion/cluster LA SP lead (as a member of JAR) to instigate a Suicide Cluster Response Group to mobilise a System-wide response.	For OOA deaths, liaison will be through the local CDR team including requests for contributions to the JAR.

See [Appendix 7](#) for summary of Agencies roles and responsibilities

## 4.2 OVERVIEW SUMMARY – School/ college response

(this should be the same if the event occurs during term time or holidays)

School/College Postvention Protocol Checklist	
<b>3. Notification</b> (immediately)	<p>As above <a href="#">OVERVIEW SUMMARY – Multi-agency response</a></p> <p>Note: If contagion or a cluster is suspected (in Borough or OOA with links to the Borough) there is a process that is followed and instigated via the CDR Team. The Local Authority Suicide Prevention lead co-ordinates and mobilises a Suicide Cluster Response Group (SCRG) which is a system-wide response to a suspected suicide with the primary focus of reducing further deaths by suicides and supporting the collective efforts of all the agencies that are impacted. The role of the school/college in the SCRG will be determined by the circumstances of the individual cases of suspected cluster/contagion. However, this will be articulated and communicated via the SCRG if one needs to be set up, at the outset.</p>
<b>4. Convene CIR Team</b> (within 12 hours)	<ul style="list-style-type: none"> <li>➤ Convene CIR Team</li> <li>➤ Brief immediate CIR Team</li> <li>➤ Follow <a href="#">RBWM Critical Incidents Guidance for schools</a> in conjunction with this protocol and <a href="#">Frimley ICB Protocol: Health Led Rapid Response for Unexpected Child Death</a> (otherwise known as the CDR process)</li> <li>➤ Contact <a href="#">RBWM Educational Psychology &amp; Wellbeing Service</a>. 07926 075 218. This service does not operate 24/7 but does run in school holidays, if out of hours contact MASH 01344 786543</li> <li>➤ Identify CIR Team member(s) to attend JAR and be link with CDR Team</li> <li>➤ Identify CIR Team member to liaise with CDT Team media spokesperson.</li> <li>➤ Agree how to check in with family and offer condolences and support.</li> <li>➤ Identify CIR Team member to liaise with CDT Team family keyworker to ensure all communications with family are channelled via them.</li> <li>➤ Complete the Vulnerabilities Matrix (<a href="#">Appendix 6</a>) issued by the CDR Team for discussion at the JAR meeting.</li> </ul> <p>Note: Minimising the risk of suicide contagion is a priority in addition to supporting and communicating to the school/college community</p>
<b>5. Responsible communication</b>	<p>Note: It is important to confirm as much information as possible before informing a school/college community of the death by</p>

(within 24-48 hours)	<p>suspected suicide. Be mindful that your school/college maybe the first to know.</p> <ul style="list-style-type: none"> <li>➤ Establish the family's wishes in relation to how the death is referred to via the CDR Team family keyworker.</li> <li>➤ Use the guidance and sample communications (Appendices 2,3 &amp; 4) in this protocol to craft responsible messaging to your school/college community.</li> <li>➤ Liaise with CDR Team media spokesperson (Police) to co-ordinate any media communications and use the media guidance in this protocol.</li> <li>➤ Co-ordinate school/college admin so that the family does not receive any general administrative letters/texts.</li> <li>➤ Set up a meeting with all staff to ensure next steps are understood and guidelines on safe messaging about suicide are followed.</li> <li>➤ Communicate to all staff who the identified CIR Team member is who is the only person authorised to deal with media/communications.</li> <li>➤ Circulate the Useful Language section (<a href="#">Appendix 1</a>) to all staff to assist them with how they speak to their students.</li> </ul>
<b>6. Managing risk</b> (24hrs-1 week)	<ul style="list-style-type: none"> <li>➤ Utilise the Vulnerabilities Matrix (<a href="#">Appendix 6</a>) and intelligence from the CDR Team (as part of the JAR or separate CSC Strategy meeting) to highlight vulnerable students and staff members.</li> <li>➤ Put measures in place with EP and other agencies' support (as advised by the JAR or separate CSC Strategy meeting) for those identified vulnerable students and staff, see the Managing Risk section in this protocol.</li> </ul>
<b>7. Signposting Support</b> (24hrs-1 month)	<ul style="list-style-type: none"> <li>➤ For support available following a suspected death by suicide, please see the Signposting to support available section in <a href="#">Appendix 5</a>. In particular <a href="#">Amparo</a> is a specialised suicide bereavement support service for anyone affected by suicide across RBWM.</li> </ul> <p>Note: Support for both staff and students is essential.</p>
<b>8. Moving forward</b>	<ul style="list-style-type: none"> <li>➤ Depending on the wishes of the family send a school/college representative to attend the funeral service.</li> <li>➤ Normal school attendance continues for those students who do not attend the funeral (with a parent/carer).</li> <li>➤ Use this protocol to steer decisions on memorials.</li> <li>➤ Contribute to any debriefs and offer any learning from the school/college experiences to further suicide</li> </ul>

	<p>prevention initiatives in RBWM via contact with the CDR Team.</p> <ul style="list-style-type: none"> <li>➤ Formulate an 'exit strategy' to clarify when the steps involved in the response phase have moved into 'business as usual' phase</li> </ul>
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## 5. Step-by Step Guide

IMMEDIATELY

### 5.1 Notification

When a school/college is notified that a student(s) has died by suspected suicide, the first step is to make sure this news is true. Social media and smartphones enable inaccurate rumours to spread and situations to escalate.

The notification usually comes via the Police, MASH (Multi-Agency Safeguarding Hub), Hospital or the Child Death Review (CDR) Team but on occasion, it can come from a source that would need to be verified via the Police or the CDR team.

School/college staff should immediately confirm the death by contacting their RBWM Education Lead, if they have heard from another source. The RBWM Education lead is automatically notified by the electronic system so will be in a position to verify. Full details on the notification process is accessed via the [Pan Berkshire Child Death Overview Panel](#) Professionals can notify a child death via this link <https://www.ecdop.co.uk/panberkshire/live/Public>

In the case of a suspected suicide occurring out-of-area (i.e. in another borough) that is likely to directly affect students or staff within your school/college, the local CDR Team will notify you (following notification from the out-of-area CDR Team).

It is imperative to refrain from contacting further services/support (excluding emergency services) on the immediate receipt of the information and avoid sharing any personally identifiable information with others. Verification of the facts via the CDR Team must take precedence.

Dependant on the circumstances surrounding the child or young person additional notifications would be made:

- to the Local Safeguarding Board where scoping for a Local Safeguarding Childrens Partnership Review (LSCPR) would commence if deemed necessary.
- to the National Panel if the child is in care of the LA or Childrens Social Care (CSC)

## 5.2 Response Mobilisation (CDR process & CIR process)

Two key, but separate processes need to take place simultaneously once it has been established there has been a student's death by suspected suicide. A third process will also be stepped up if it is suspected that contagion<sup>5</sup> or a cluster<sup>6</sup> of suicides is taking place.

The CDR process is a statutory requirement and has dedicated personnel and procedures in place to follow. In RBWM it is referred to as the [Frimley ICB Protocol: Health Led Rapid Response for Unexpected Child Death](#). These will be initiated and led by the CDR Team with the initial response being a Joint Agency Response (JAR) meeting. This is a multi-agency meeting comprising of those critical organisations who were involved with the student's life and those organisations which specifically support the aftermath associated with a suspected suicide.

The CDR Team will contact the school/college for an appropriate senior person(s) to attend the JAR meeting. In all cases MASH and an Educational Psychology representative attends the JAR meeting.

It is at the JAR meeting where there will be expertise present in reducing the risk of contagion, mobilising suicide-specific bereavement support and local/regional/national intelligence and network links if a potential suicide cluster is a cause for concern (see [Appendix 6](#) for the Vulnerability Matrix).

This is the forum where contagion and clusters would be considered with multi-agency intelligence and expertise. The LA Suicide Prevention Lead (LA SP Lead) takes a leadership role specifically for contagion and clusters and the mobilisation of a Suicide Cluster Response Group (SCRG)<sup>7</sup> would ensue if deemed necessary. The role of the school/college in the SCRG would be determined by the circumstances of the individual cases of suspected cluster/contagion. However, this will be articulated and communicated at the outset via the SCRG if one is established.

An additional Strategy meeting may be convened by Childrens Social Care (CSC) outside of the JAR, especially if the needs of siblings are to be considered.

Concurrently, the school/college should immediately implement their own coordinated Critical Incident Response led by a member of the senior leadership team. The convening of a Critical Incident Response Team (CIRT) is required to decide what needs to be done and by whom.

All members of the CIRT will need to familiarise themselves with the content of this protocol in addition to the [RBWM Critical Incidents Guidance for schools](#), [Samaritans Step by Step](#) and the support agencies outlined in [Appendix 5](#). Two key resources are [Help is at Hand](#) and [When a Child Dies](#) which will be made available to parents by the CDR Teams family keyworker.

<sup>5</sup> Suicide contagion refers to the process whereby one suicide or suicidal act within a school, community or geographic area increases the likelihood that others will attempt or die by **suicide**.

<sup>6</sup> A situation in which more suicides than expected occur in terms of time, place, or both. It is difficult to precisely define a cluster. A suicide cluster usually includes 3 or more deaths, however, 2 suicides occurring in a school/college in a short time period should also be taken very seriously in terms of possible links and impacts (even if the deaths are apparently unconnected), particularly in the case of young people

<sup>7</sup> is a system-wide response to a suspected suicide with the primary focus of reducing further deaths by suicides and supporting the collective efforts of all the agencies that are impacted

The purpose of the CIRT is to effectively manage the situation within the school/college community in terms of:

- Communication
- Opportunities for grief support
- Maintaining an environment focused on normal educational activities with reasonable adjustments
- Helping students cope with their feelings
- Minimising the risk of suicide contagion and further deaths by suicide
- Supporting the JAR with an appropriate and proportionate school/college response

Immediate tasks for the CIRT are:

- **Convene CIR Team and open an action log**
- **Brief the immediate CIR Team**
- **Follow [RBWM Critical Incidents Guidance for schools](#) in conjunction with this protocol and use [Samaritans Step by Step](#) for guidance.**
- **Contact [RBWM Educational Psychology & Wellbeing Service](#) on 07926 075 218.** This service does not operate 24/7 but does run in school holidays, if out of hours contact MASH 01344 786543. The Educational Psychology and Wellbeing Service will offer a trauma informed **systemic consultation to the CIR Team**.
- Consider what **support is required for individuals** (refer to [Appendix 5](#)) in addition to the EP school system support.
- **Identify CIR Team member(s) to attend JAR and be link with CDR Team**
- **Identify CIR Team member to liaise with CDR Team media spokesperson** to ensure all communications with family are channelled via them. Agree how to check in with family and offer condolences and support. This will help support the family and manage and inaccuracies and misinformation that may arise. Advice from those who have been in this position suggest that, if possible, it is useful if the key link to the family remains the same throughout the postvention period.
- **Start process for completion of the Vulnerabilities Matrix ([Appendix 6](#)).** issued by the CDR Team for discussion at the JAR meeting.

WITHIN 24-48 HOURS

### 5.3 Responsible Communication

- **Establish the family's wishes in relation to how the death is referred to via the CDR Team family keyworker.**

The professional who takes on the role of the family key worker is agreed at the JAR (normally CDR nurse or police family liaison officer).

The CIRT may want to advise on what information is to be shared and how (staff, students, parents, community, media). It is imperative to ensure that communications have taken into account the wishes of the family.

Although the fact that a student has died may be disclosed immediately, further details of the circumstances surrounding the death should not be disclosed to students until both the family and the police have granted permission. The police may need to protect information regarding the investigation, details of the method (especially if a novel method) are not recommended to be shared due to contagion and respecting the family's privacy are all issues to be considered.

- **Set up a meeting with all staff to ensure next steps are understood and guidelines on safe messaging about suicide are followed.**

As soon as possible, organise a meeting for all staff to attend to ensure the facts about the death and next steps are clearly communicated.

- **Communicate to all staff who the identified CIR Team member is who is the only person authorised to deal with media/communications.**

Ensure all staff are made aware that only the media spokesperson is authorised to speak to the media. Advise those who answer external telephone calls to the school that they should not engage in answering any media enquiries/questions, but should:

- Make a note of which media outlet is represented (could be national media) and the reporter's contact details (mobile and email address)
- Make a note of the questions asked.
- Pass the information given to the CIRT as a matter of urgency.
- Samaritans' advice is not to give out any details of the suicide method or any suicide note, or to speculate about any "explanation" of the reasons behind the suspected suicide.

[Samaritans' media team](#) can help support schools/colleges (and the family) in dealing with the media during a crisis. Link with the nominated media lead from the JAR. It is strongly recommended to take advice on what or whether to post on FaceBook, Twitter or other social media platforms.

- **Liaise with CDR Team media spokesperson to co-ordinate any media communications and using this protocol as a guide**

A suspected suicide of someone connected to a school/college can attract much media and social media attention. The JAR usually nominates an overall media lead in cases of a child and young people suspected suicide. In a single suicide this is agreed at the JAR initially or subsequent review meetings.

In the case of suspected contagion or cluster this would be agreed at the SRCG with the LA corporate communications lead and the LA Suicide Prevention lead taking an overall co-ordinating role in conjunction with the JAR chairs. The aim will be to ensure all relevant partners have consistent messaging, support and alignment with [Samaritans media guidelines](#). The school/college will need to designate a member of the CIR Team to liaise with them. It is therefore important to designate a school media spokesperson<sup>8</sup> so that are supported in preparing a media statement. This is to ensure that all agencies have a unified voice and press releases are crafted carefully to minimise stress to the family and the

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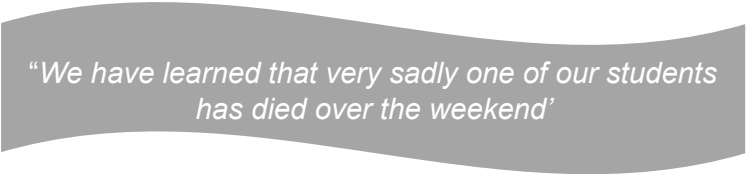
<sup>8</sup> A defined role as part of the CIRT



school. The LA comms lead will be able to advise and possibly help field calls in the event of national media attention.

- **Use the guidance and sample communications (link) in this protocol to craft responsible messaging to your school/college community.**

It is a careful balance therefore, the school may choose to initially release a more general, factual statement without using the student's name if the family does not give permission.



*"We have learned that very sadly one of our students has died over the weekend"*

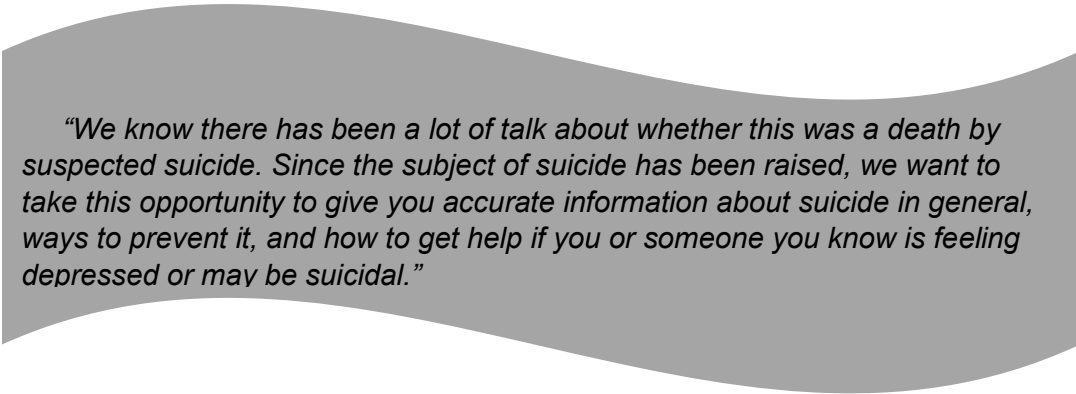
There may be cases where the cause of death has been articulated as a suspected suicide, but the family does not want this communicated, perhaps due to stigma, privacy concerns, fear of risking contagion, or because they simply do not (yet) believe or accept that it was a suicide. If this situation occurs, someone from the school, or mental health team, who has a good relationship with the family should be designated to contact them to explain that students are already talking about the death among themselves, and that having adults in the school community to talk with students about suicide and its causes can help keep students safe.

If the family refuses to permit disclosure, schools can state:



*"The family has requested information about the cause of death not be shared at this time."*

But staff can also use the opportunity to talk with students about the phenomenon of suicide, for example:



*"We know there has been a lot of talk about whether this was a death by suspected suicide. Since the subject of suicide has been raised, we want to take this opportunity to give you accurate information about suicide in general, ways to prevent it, and how to get help if you or someone you know is feeling depressed or may be suicidal."*

In any communication about a suspected suicide, it is important to follow the guidelines on safe messaging about suicide. It is particularly important to avoid idealising the person and glorifying suicide. Talk about the person in a balanced manner. Do not be afraid to include the struggles that were known, especially in individual conversations about the death. If the

student's struggles are not mentioned, it may cause confusion as well as give the impression that suicide is an effective way of addressing one's distress, especially among the other students. For example:

*"As we are aware, it seems [NAME] may have ended [HIS/HER/THEIR] own life, we'll never know the all the thoughts and feelings [NAME] had which led to [HIM/HER/THEM] this [HIS/HER/THEIR], but we are aware [NAME] struggled with..."*

As soon as possible after the staff communication event, break the news to the students. Samaritans' advice is that this is best done in small groups, or classes, not in assemblies or over the tannoy system.

It is better to be factual but to avoid details about the act itself. Do not disclose details about the method used, whether there was a suicide note, or its contents, for example. A briefing note for staff to use with the small groups/class can be useful to ensure the consistency of the message as detailed in [Appendix 2](#)

Consider providing immediate counselling or emotional support to students (and staff) in a separate room. Samaritans' postvention team may be able to assist with this support. You can contact the [CAMHS Mental Health Support & Getting Help Teams](#) if you have one in your school and refer to [Frimley Healthier Together](#) for both local and national counselling support that is available.

- **Circulate [Appendix 1](#) – the Useful Language crib sheet to all staff to assist them with how they speak to their students.**

It is recognised that language can help as well as harm. Advocating an approach for all staff to use appropriate and sensitive language can help build awareness and understanding as well as increase empathy and support.

- **Co-ordinate school/college admin so that the family does not receive any general administrative letters/texts.**

Ensure that the ongoing support of the school/college is offered to the family. Also, ensure the family does not receive any general administrative letters/texts (e.g., school trip information, parent consultation events) as these are known to cause extreme distress for the family.

## 5.4 Managing Risk

Refer to [RBWM Critical Incidents Guidance for schools](#) which highlights the identification of high risk or vulnerable individuals with procedures for recognising and supporting those risk pupils, staff and parents/carers. In addition, use and use [Samaritans Step by Step](#) for guidance.

The CDR process is critical for many reasons:

- establishing the cause of death in conjunction with the coroner
- identifying any potential contributory or modifiable factors
- providing support to the family, including bereavement support
- learning lessons to reduce the risks of future child deaths.
- supporting for the professionals involved
- identifying whether suicide contagion and/or a potential suicide cluster is involved.

As part of this, your school/college will be asked to attend the JAR meeting with other organisations who may have a part to play. The purpose of this discussion is not to pass on blame or to pass judgement on service provision, but rather to learn and help prevent any future suicide events. It helps with any learning from the time immediately after the event, in particular:

- Are there key risks to other individuals?
- What could help mitigate against these risks?
- What were the issues relating to this individual?
- Could anything have been done to prevent this incident?

Part of the JAR process is to make notes of these discussions to record any facts and identify any learning. It is always more difficult to recall exact timings/issues several months later. It is important that you act on any immediate/pressing issues.

An integral part of this will be to:

- **Utilise the Vulnerabilities Matrix in [Appendix 6](#) and intelligence from the CDR Team to highlight vulnerable students and staff members.**

The JAR in conjunction with the SP lead will need to ensure that any risks of contagion and potential clusters are reduced. This may be discussed in a separate CSC Strategy meeting, especially if the case involves siblings. To this end, they will be working behind the scenes to put various strategies in place if it is deemed that there is a risk of this.

- **Put measures in place with EP and other agencies' support for those identified vulnerable students and staff.**

These measures will be dependent on the circumstances and the students/staff involved. The CIR Team will be instrumental in this and need to liaise with the JAR where needed.

## 5.5 Signposting Support

Liaison with [RBWM Educational Psychology & Wellbeing Service](#) to agree their role as part of the CIRT will be essential. The head, or person dealing with the incident, should telephone 07926 075 218 (Psychology & Wellbeing Service) during office hours and explain that a critical incident has occurred.

Their expertise will advise the school/college leadership team in terms of:

- Working towards normalising and returning to routines
- Awareness of the development of the concept of death, grief cycle and the ways in which children and young people cope with overwhelming emotional experiences.
- Processing the emotional impact on staff
- Strategies on how to start difficult conversations with pupils and respond with compassion and sensitivity.

After a death by suspected suicide, it is important to help students understand the mental health problems, suicidal actions, and the importance of seeking help when in distress or crisis. This is particularly true for young students who may not fully understand the cause of death.

In a suicidal state people falsely believe the only way they can feel better is by ending their life. Highlight the fact that when depressed or emotionally distressed, people are not thinking clearly and often do not make good decisions; suicide is a permanent solution to a temporary problem.

Suicide is hard for friends and relatives to understand as it's not logical, it's an act triggered by mental illness and a false belief that an unbearable mental state will never change. It's critical to stress the importance of always sharing suicidal thoughts or concerns, whether your own or those shared by others, with a trusted adult. Suicidal thoughts or concerns should never be kept secret and by talking openly about suicide, teachers and support staff can model this important principle to children and young people.

Any discussion of suicide with a child or young person should include the advice to talk to a trusted adult if they experience any suicidal thoughts or have concern for someone else, and provision of details for age-appropriate suicide prevention resources such as websites and helplines.

Ensure members of staff are made aware of how to identify and support both students and staff experiencing mental or emotional distress. Key organisations are [Amparo](#), [Number 22](#) and [CAMHS Mental Health Support & Getting Help Teams](#). Ensure all staff are informed about where to find information and schools resources on mental health.

Remember the impacts of suicide have been felt by many – staff may have experienced losses due to suicide of family members or friends. Some staff may have struggled themselves with suicidal ideation or depression or be supporting someone who is. This

event maybe triggering for them. Signpost them to [Frimley Healthier Together](#) in addition to [Appendix 5](#).

Recognise the role of culture and faith and if this is an important feature for the family and community of the suspected suicide that you are dealing with. For some spiritual support can make a significant difference in dealing with the emotional distress that a suspected suicide can cause. However, be aware that there are some cultures and faiths with strong views on suicide, this may complicate grief and mourning for those bereaved by suicide.

Utilising and drawing on any local support from faith groups or other groups where people identify as a supportive community (i.e., neurodiversity, LGBTQ) will be extremely valuable in some circumstances where relevant.

## 5.6 Moving Forward

- **Depending on the wishes of the family send a school/college representative to attend the funeral service.**

Samaritans' recommendation is that parents or guardians accompany students who wish to attend and that those who don't attend have normal classes to go to. There should be no reason why there would be a greater attendance at a funeral service under these circumstances than for any other tragic death at the school.

- **Normal school attendance continues for those students who do not attend the funeral (with a parent/carer)**
- **Use this protocol and [Samaritans Step by Step](#) to steer decisions on memorials.**

The school/college will want to think carefully about memorials for the individual who has died; to strike an appropriate balance between supporting distressed individuals and fulfilling the central purpose of providing education and learning. Some establishments have used a miniature artificial tree (and labels with string) to be left in a suitable place, offering a chance for individuals to leave a thought/memory/prayer for the individual on the branches of the tree. These messages can be passed to the bereaved family in a memory box when it is dismantled. It is important to set an appropriate time limit to the memorial and to strive to treat all deaths in the same way.

You may also suggest specific types of safe creative memorialisation for students, such as:

- Put together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organisations (e.g., an Out of the Darkness Walk) or hold a fundraising event to support a local mental health and wellbeing group/organisation.
- Sponsor a mental health awareness day.
- Purchase books on mental health for the school or local library.
- Work to develop and implement a curriculum focused on emotional development and help-seeking behaviours.
- Raise funds to help the family defray their funeral expenses.
- Make a book or notecards available in the school office for several weeks, in which students can write messages to the family, share memories of the deceased, or offer condolences. The book or notecards can then be presented to the family on behalf of the school community.
- Sending a card to the parents/family one year after the incident can also be a supportive gesture and one that may be well appreciated. Recognition of the triggering effect of anniversaries particularly for siblings and close friends still present at the school/college.

In addition, some of the above may be instigated outside of the school/college community by family/friends etc.

- **Work towards normalising and returning to routine in a supportive and aware environment.**

Acknowledge that new staff who subsequently join the school about the incident will need to be briefed, also about the long-term emotional needs of children and staff affected by it and sign posting for longer term support.

Consider support plan for any siblings return and longer-term self-harm, suicide, and bereavement training in addition to suicide prevention trauma informed approaches in the school/college setting.

- **Contribute to any debriefs and offer any learning from the school/college experiences to further suicide prevention initiatives in RBWM via contact with the CDR Team.**

Consider gathering the thoughts of the CIRT, to evaluate the response, record key learning and adapt procedures accordingly. This should be fed back to the LA SP Lead to inform the continual updating and learning approach to this protocol and the system-wide response to suspected suicides across RBWM.

As part of the Child Death Review Process, there will be subsequent meetings such as the Child Death Review Meeting. This will be organised by the Child Death Review Team once the majority of the investigations are coming to a close and all agencies involved with the young person will be invited to attend. Once all investigations are completed, each case will be considered by the Child Death Overview Panel (CDOP) where key themes and identified learning will be gathered and then disseminated across all agencies in RBWM.

- **Be aware that the Coroner's Inquest into the death may take some time to be completed**

The inquest may generate media interest so schools and colleges should be aware. If a high level of media interest is predicted, the CRT Team will request that the Samaritans contact the Coroner regarding following their media guidelines.

- **An 'exit strategy' may need to be formulated to clarify when the steps involved in the response phase have moved into 'business as usual' phase**

The CIRT (in the case of a single suicide) would develop the 'exit strategy' and take the lead in returning to the normal school/college routines in an supportive and aware environment, as soon as is reasonably possible.

In the case of suspected contagion/cluster a SCRG would have been mobilised. It would be the role of the SCRG to develop an 'exit strategy' to enable the SCRG to stand down when adequate prevention and supportive measures have been put in place for identified vulnerable groups and individuals. Due to the uncertainty and dynamic situations that occur when dealing with suicidality a SCRG may step-down and then be re-mobilised if and when further information emerges and or the situation changes. It is a SCRG decision under the direction of the SCRG chair (the RBWM Suicide Prevention Lead / Consultant in Public Health) as to when the multi-agency response phase ends. Some individual partners will continue to be involved beyond this phase as part of their normal 'business as usual'

function, which will vary depending on the circumstances surrounding the suspected suicide deaths.



## Appendix 1: Useful Language

The following table identifies unhelpful language and alternatives which might be helpful:

Unhelpful Language	Why it is Unhelpful	Language to use instead
Successful suicide Failed suicide attempt Unsuccessful attempt	If someone dies by suicide it cannot ever be a success.	Died by suicide Ended their life Took their own life Killed themselves Survived a suicide attempt Non-fatal suicide attempt
Commit suicide	Suicide hasn't been a crime since 1961. Using the word "commit" suggests that it is still a crime which perpetuates stigma or the sense that it's a sin.	Died by suicide Ended their life Took their own life Killed themselves
Threatening suicide Attention seeking	These words assume behaviours aren't serious or are being dramatic to gain attention. All suicide attempts should be taken seriously	Considering suicide Intimating suicide Indicating suicide Signalling suicide
You're not thinking of doing something stupid/silly are you?	This suggests that the person's thoughts of suicide are stupid or silly, and/or that the person is him/herself stupid or silly. If asked this question, people are most likely to deny their true feelings for fear of being viewed negatively.	Are you telling me you want to kill yourself/end your life/die/die by suicide? Sometimes, when people are feeling the way you are, they think about suicide. Is that what you're thinking about? It sounds like you're thinking about suicide; is that right?

## Appendix 2: Briefings for students

### Option 1 – When the death is confirmed as a suspected suicide

I am so sorry to tell you all that one of our students, [NAME], has died. I'm also very sad to tell you that the cause of death is a suspected suicide. Many of you may also feel very sad. Others may feel other emotions such as anger or confusion. It's okay to feel whatever emotions you might be feeling. When someone takes their own life, it leads to a lot of questions, some of which may never be completely answered. While we may never know why [NAME] ended [HIS/HER/THEIR] life, we do know that suicide has many causes. In many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option. Rumours may come out about what happened, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER/THEIR] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it. Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Some of us may have known [NAME] well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay. I want you to know that your teachers and I are here for you. If you'd like to talk to one of us, just let me or one of your teachers know. We have details of resources and service support available for you and your family. Please ask if this would be helpful during this difficult time. We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

### Option 2 – When the death is not confirmed as a suspected suicide

I am so sorry to tell you all that one of our students, [NAME], has died. The cause of death has not yet been determined. We are aware there has been some talk that this might have been a suicide death. Rumours may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER/THEIR] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it. Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option. Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known [NAME] well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay. I want you to know that your teachers and I are here for you. If you'd like to talk to one of us, just let me or one of your teachers know. We have details of resources and service support available for you and your family. Please ask if this would be helpful during this difficult time. We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

### Option 3 – When the family have asked that the cause of death is not disclosed

I am so sorry to tell you all that one of our students, [NAME], has died. The family has requested that information about the cause of death not be shared at this time. We are aware that there has been some talk that this might have been a suicide death. Rumours may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER/THEIR] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it. Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known [NAME] well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay. I want you to know that your teachers and I are here for you. If you'd like to talk to one of them, just let me or one of your teachers know. We have details of resources and service support available for you and your family. Please ask if this would be helpful during this difficult time. We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

## Appendix 3: Briefings for parents

### Option 1 – When the death is confirmed as suspected suicide

I am so sorry to tell you all that one of our students, [NAME], has died. Our thoughts and sympathies are with [HIS/HER/THEIR] family and friends. All of the students were given the news of the death by their teacher in [CLASS/HOMEROOM] this morning. I have included a copy of the announcement that was read to them. The cause of death was suicide. Suicide is a very complicated act. Although we may never know why [NAME] ended [HIS/HER/THEIR] life, we do know that suicide has multiple causes. In many cases, a mental health condition is part of it. But these conditions are treatable. It's really important if you or your child are not feeling well in any way to reach out for help. Suicide should not be a. I am including some information that may be helpful to you in discussing suicide with your child. Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child needs additional assistance. Note that children who are already vulnerable may be at greater risk due to exposure to the suicide of a peer. If you or your child needs help right away, in a medical emergency call 999. Outside of an emergency Young Minds run a Parents Helpline to offer advice to anyone worried about a child or young person under 25. Call 0808 802 5544 for free, weekdays 9.30am–4pm.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school. The school will be hosting a meeting for parents and others in the community at [DATE/ TIME/LOCATION]. Members of our Crisis Response Team [OR NAME SPECIFIC MENTAL HEALTH PROFESSIONALS] will be present to provide information about common reactions following a suicide and how adults can help youth cope. They will also provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendees' questions and concerns. If you have any questions or concerns, please do not hesitate to contact me or one of the school mental health professionals. We can be reached by calling [PHONE NUMBER, EXTENSION]  
Sincerely, [PRINCIPAL/ HEAD's NAME]

### Option 2 – When the cause of death is unconfirmed

I am so sorry to tell you all that one of our students, [NAME], has died. Our thoughts and sympathies are with [HIS/HER/THEIR] family and friends. All of the students were given the news of the death by their teacher in [CLASS/HOMEROOM] this morning. I have included a copy of the announcement that was read to them. The cause of death has not yet been determined by the authorities. We are aware there has been some talk that this might have been a suicide death. Rumours may begin to circulate, and we have asked the students not to spread them since they may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER/THEIR] family and friends. We will do our best to give you accurate information as it becomes known to us. Members of our Crisis Response Team are available to meet with students individually and in groups today, as well as over the coming days and weeks. Please contact the school office if you feel your child needs additional assistance. If you or your child needs help right away, in a medical emergency, call 999. Outside of an

emergency Young Minds run a Parents Helpline to offer advice to anyone worried about a child or young person under 25. Call 0808 802 5544 for free, weekdays 9.30am–4pm.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school. If you have any questions or concerns, please do not hesitate to contact me or one of the school mental health professionals. We can be reached by calling [PHONE NUMBER, EXTENSION]  
Sincerely, [PRINCIPAL/HEAD'S NAME]

## Appendix 4: Helpful things to say to children and young people following a suspected suicide

[Winston's Wish Schools Information Pack](#) is a helpful resource designed by teachers for teachers for when a school community is affected by death in some way. It gives ideas of how to deal with the subject in lessons, tutorial and assemblies. It is valuable in breaking down the ideas by developmental appropriate ages and stages.

[Samaritans Step by Step](#) has a range of excellent guidance too.

In addition, here are some soundbites and approaches that maybe useful.

*"Some of you were aware of [NAME]'s struggles with depression, and might feel regret or even guilt, that you weren't able to do something to prevent [HIS/HER/THEIR] death. It's a huge shock to us all that [NAME] is no longer with us and it's natural to look back and wonder if you could have done anything to have averted this tragedy. This is a natural human response to a sudden and unexpected death and it's okay to talk about those feelings."*

*"Everyone feels sad sometimes. However, some people have a mental illness called depression. When people are depressed, they stop feeling happy about anything at all. They do not make good choices or decisions. They can feel so depressed that sometimes they think the only way to stop their unbearable mental pain is to die; they can't think of any other way to stop feeling so unbearably sad or depressed."*


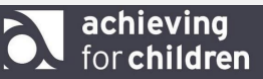



*"When someone we love dies by suicide, we have many different feelings, including feeling very sad. You might also feel angry, confused, or guilty you weren't able to do anything to stop [NAME] harming [HIMSELF/HERSELF/THEM]SELVES. Feeling sad after a death, though, does not mean that you are depressed. It is important to talk to someone about how you are feeling so that you get some help to feel better and to answer any questions or worries you may have about what happened."*

*"We are all shocked and saddened by [NAME]'s death and although it's still under investigation there's been a lot of talk about suicide in the news/on social media so let's talk about suicide in general as it's an important topic."*






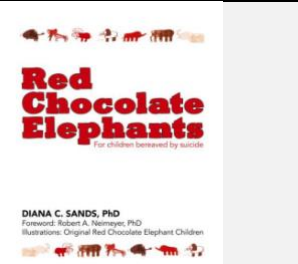
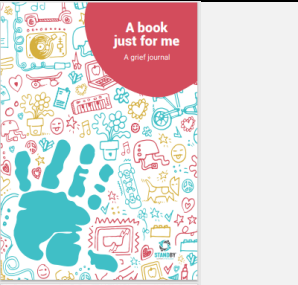
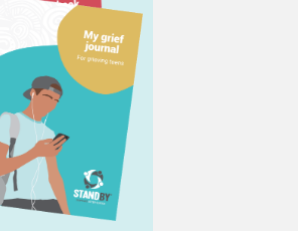
*"Although there is a lot of talk about [NAME]'s mental struggles and the way his/her/their life ended, s/he/they were so much more than those things. You will have lots of memories of [NAME] that have nothing to do with [HIS/HER/THEIR] depressive illness and the end of his/her/their life. Take time to remember the times you spent together and share those memories with each other."*

*"It is not a sign of weakness to ask for help; on the contrary, it's a sign of strength. For someone in a mental health crisis, sharing how you feel can get you the help you need. It is vital to ask for help if you experience suicidal thoughts. Some people really struggle to reach out for help when they are feeling desperate, and I want you to know that you can always ask a trusted adult for help."*


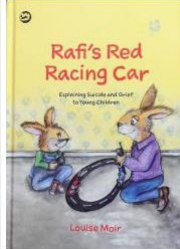

## Appendix 5: Signposting to support available

Local support		
<a href="#">Frimley Healthier Together</a>	Signposting to all local and national help for anyone in a mental health crisis across Windsor & Maidenhead	
<a href="#">RBWM Educational Psychology &amp; Wellbeing Service</a>	A trauma informed systemic consultation to the school/college Critical Incidents Response Team.	
<a href="#">CAMHS Mental Health Support &amp; Getting Help Teams</a>	School-based service to meet the mental health needs of children and young people (currently in 14 RBWM schools)	
<a href="#">Number 22</a>	Charity providing free and confidential counselling to adults and young people in Windsor, Maidenhead & Slough, supporting those in distress.	
<a href="#">Amparo</a>	Provides support for anyone affected by suicide across Windsor & Maidenhead	
National support (helplines, information, counselling, advice & training)		
<a href="#">Samaritans Step by Step Service</a>	Service that provides practical support to help school communities respond to and recover from a suspected suicide	
<a href="#">Daisy's Dream</a>	A charity supporting children and their families who have been affected by the life threatening illness or bereavement of someone close to them	
<a href="#">R;pple</a>	Discretely intercepts harmful searches and signposts to 24/7, free mental health support	
<a href="#">Papyrus</a>	Helpline dedicated to preventing suicide and promoting positive mental health and emotional wellbeing health in young people.	
<a href="#">Zero Suicide Alliance</a>	Free online training teaching skills and confidence to have a potentially life-saving conversation with someone you are worried about	
<a href="#">Winston's Wish</a>	A charity helping children, teenagers and young adults (up to age 25) find their feet when their worlds turned upside down by grief. Offers information, on-demand services	



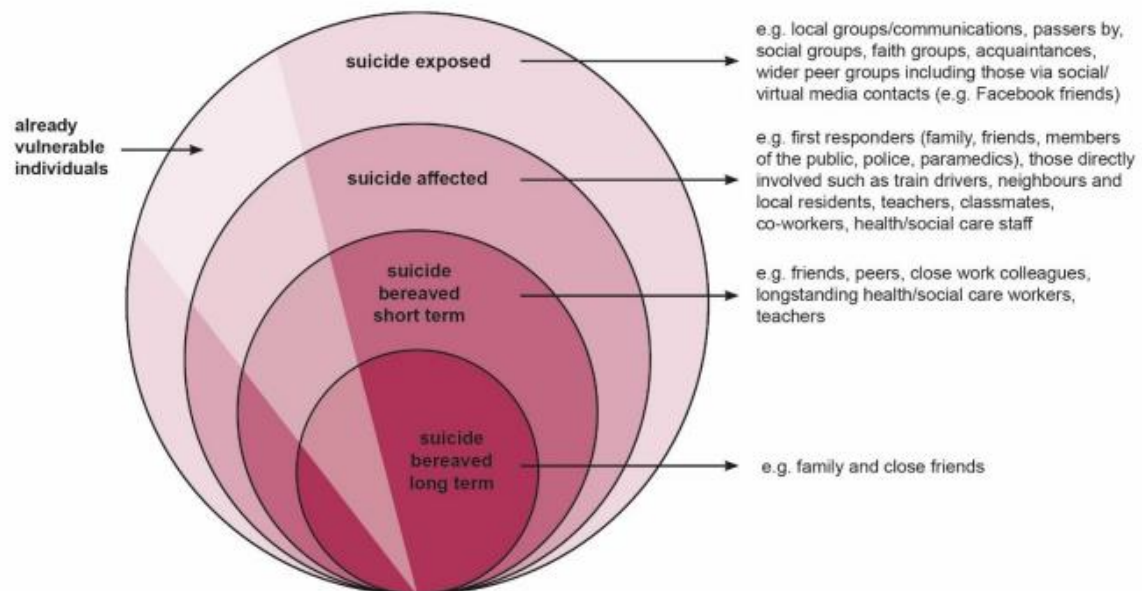
	and bereavement support & counselling.	
<a href="#">Child Bereavement UK</a>	A charity offering bereavement support for people up to age of 25 and their families. Confidential support, information and guidance to families and professionals.	
<b>Useful Resources</b>		
<a href="#">Samaritans Step by Step</a>	Guidance to support a school minimise the risk of further suicide	
<a href="#">Help is at Hand guidebook</a>	Support booklet for all individuals affected by suicide (adults and young adults) available to download or order free	
<a href="#">Finding the Words</a>	A short guide to help people reach out and offer support to someone bereaved by suicide.	
<a href="#">Beyond the Rough Rock</a>	A book for those supporting children and young people after suicide bereavement.	
<a href="#">Red Chocolate Elephants</a>	A book and accompanying DVD compiled by Australian suicide bereavement expert Dr Diana Sands for primary-aged children after suicide loss. It is intended to be read with an adult	
<a href="#">A book just for me</a>	A grief journal for children under 12 (with accompanying notes for parents)	
<a href="#">StandBy books to support children and teens after suicide</a>	Free activity books and accompanying notes guide books for grieving teens after suicide	



<a href="#"><u>Luna's Red Hat by Emmi Smid</u></a>	An illustrated storybook to help children cope with loss and suicide suitable for children aged 6+	
<a href="#"><u>Rafi's Red Racing Car by Louise Moir</u></a>	An illustrated book for children aged 3 to 8 to help them come to terms with the loss of a family member to suicide. The book includes a guide for adults on how to help a grieving child to heal after suicide bereavement	
<a href="#"><u>Why did daddy end his life? Why did he have to die? By Samantha Pekh</u></a>	A suicide bereavement book for children and parents. Written by a Canadian psychologist for children aged 5 to 12	

## Appendix 6: Vulnerability Matrix Templates

The Vulnerability Matrix. [Source OHID](#)



The following areas may increase risk for staff and students:

- History of suicide attempts or self-harm
- Stressful life events, divorce, or bereavement
- Eyewitness to the death
- History of mental health disorder(s)
- Communication from the deceased that may have alluded to the death
- Negative interaction with the deceased
- Close friend and/or family member of the deceased

## Blank templates

<b>GEOGRAPHIC PROXIMITY</b> (the physical closeness or distance to the incident) <b>Individuals discovering or exposed to the aftermath</b>				
<b>Circles of Vulnerability:</b> Individuals or groups	Description of risk	What has been done to help this person?	What remains to be done?	Comments

<b>PSYCHOLOGICAL PROXIMITY</b> (how close or distant someone relates psychologically to the person who has died by suicide) <b>Identification with, relationship to or connection to the person who died</b>				
<b>Circles of Vulnerability:</b> Individuals or groups	Description of risk	What has been done to help this person?	What remains to be done?	Comments

<b>SOCIAL PROXIMITY</b> (the social closeness or distance to the person who has died by suicide) <b>Identification with, relationship to or connection to the person who died</b>				
<b>Circles of Vulnerability:</b> Individuals or groups	Description of risk	What has been done to help this person?	What remains to be done?	Comments

## Appendix 7: Summary of Agencies Roles and Responsibilities

Agency, Group or Person	Role and Responsibilities
Thames Valley Police	<ul style="list-style-type: none"> <li>• Notification of suspected CYP suicide to CDR</li> <li>• Verification of unofficial reports of suicide</li> <li>• Suicide Bereavement Support Liaison Coordinator in post</li> <li>• Investigation into suspected suicide</li> <li>• May be assigned as Key Family Worker</li> <li>• May provide CDR Team media spokesperson</li> <li>• Member of the JAR</li> </ul>
Pan Berkshire Child Death Review (CDR) Team	<ul style="list-style-type: none"> <li>• To be notified of all deaths that occur in RBWM in children and young people under 18 years old.</li> <li>• Verification of unofficial reports of suicide</li> <li>• Lead the Joint Agency Response (JAR) and identify members</li> <li>• CDR Team media spokesperson coordinates media communications and is only person authorised to speak to the media</li> </ul>
Frimley ICB led Joint Agency Response (JAR)	<ul style="list-style-type: none"> <li>• Multi-agency meeting comprising of those critical organisations who were involved with the student's life and those organisations which specifically support the aftermath associated with a suspected suicide.</li> <li>• Forum where contagion and clusters are considered</li> </ul>
Children Social Care	<ul style="list-style-type: none"> <li>• Will hold separate strategy meeting from JAR if case with siblings</li> <li>• Member of JAR (if child known to CSC)</li> </ul>
Local Authority Suicide Prevention Lead	<ul style="list-style-type: none"> <li>• Provides support to JAR for reducing risks of contagion and potential clusters</li> <li>• Responsible for setting up and leading Suicide Cluster Response Group (SCRG) in case of an in Borough or cross border cluster.</li> <li>• Media Lead is agreed at SCRG by LA Suicide Prevention Lead and LA Corporate Communications Lead</li> <li>• Links to national and regional suicide prevention intelligence</li> </ul>
RBWM Psychology and Wellbeing Service	<ul style="list-style-type: none"> <li>• Offers trauma informed systemic consultation to the School CIR Team.</li> <li>• Provides signposting to support identified vulnerable students and staff</li> <li>• Member of JAR</li> </ul>
Multiagency Safeguarding Hub (MASH)	<ul style="list-style-type: none"> <li>• Notification of suspected CYP suicide to CDR</li> <li>• Member of JAR</li> </ul>

Thames Valley Suicide Bereavement Service (Amparo)	<ul style="list-style-type: none"> <li>Provides suicide bereavement support for anyone affected by suicide across RBWM- people can be referred who have been affected by cross border suicides.</li> </ul>
Samaritans	<ul style="list-style-type: none"> <li>Provide guidance to agencies regarding suicide postvention</li> <li>Media Team can provide support to school and family in dealing with media</li> </ul>

## Appendix 8: Glossary

<b>AMPARO</b>	Suicide Bereavement Support service providing support for anyone affected by suicide across Windsor & Maidenhead
<b>AFC</b>	Achieving For Children
<b>CDOP</b>	Child Death Overview Panel
<b>CDR</b>	Child Death Review
<b>CSC</b>	Childrens Social Care
<b>CIR</b>	Critical Incident Response
<b>CIRT</b>	Critical Incident Response Team
<b>EP</b>	Education Psychology
<b>JAR</b>	Joint Agency Response
<b>LA SP Lead</b>	Local Authority Suicide Prevention Lead
<b>LeDeR</b>	Learning from Lives and deaths, people with a learning disability and autistic people programme - is a national reporting mechanism for deaths of over 18 year olds with autism or a learning disability
<b>LGBTQ</b>	Lesbian, Gay, Bisexual, Transgender, Queer
<b>MASH</b>	Multi-Agency Safeguarding Hub
<b>NEET</b>	Not in Education, Employment or Training
<b>OOA</b>	Out of Area
<b>RBWM</b>	Royal Borough of Windsor & Maidenhead (the Local Authority or council)
<b>SCRG</b>	Suicide Cluster Response Group
<b>SEND</b>	Special Educational Needs & Disabilities