

# SUICIDE POLICY AND DEATH OF A LEARNER PROTOCOLS

**Responsible for Implementation: Head of Support, Student Services and Safeguarding**

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## About Us

Access Further Education Ltd ('The College') has subsidiary companies, trading names and trading partnerships through which it operates. The trading names and partnerships might have their own names or brands, but the legal entity for the purpose of this policy is Access Further Education Ltd. Trading subsidiaries, trading names and trading partnerships include Access Creative College ('ACC'), National College for Creative Industries ('NCCI') and Access Sport. The dBs Institute (DBS Music UK Holdings and its subsidiaries), whilst a separate legal entity, shares common Directorships with the College, however, responsibility for Student Services & Safeguarding related policies within dBs falls to the Head of Support, Student Services and Safeguarding of Access Further Education Ltd.

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## 1. Statement of purpose

### The College is aware that;

- a) Suicide is the leading cause of death in people under 35 years, particularly young males. b) Suicide rates are rising amongst male and female young people aged 10-24.
- c) There are three times as many attempts among females and higher rates of self harm among females. Half of those who self harm go on to attempt suicide.
- d) We play a vital role in helping to prevent young suicide.

**We want to make sure that learners in our college are as suicide safe as possible and that our learners, staff, parents and carers themselves are aware of our commitment to be a suicide-safer college. This means:**

- 1) Providing opportunities for support and ensuring that learners know how to access support.
- 2) Ensuring that staff are trained and confident in their ability to support a learner who is in a crisis situation while on site and that staff know how to access appropriate emergency services. We support this with guidance, training and protocols. All staff complete safeguarding training annually and pastoral staff are encouraged to take up external training opportunities relating to suicide prevention.

Papyrus has a very useful Suicide Prevention Guide which all staff are strongly recommended to read [here](#) . All centre LSMs and Pastoral Managers are encouraged to access all new update training as it becomes available as part of their CPD and Access Creative College is fully committed to supporting staff development and learner support in this way. The College will endeavour to ensure that all staff have a basic awareness of suicide prevention protocols and the support available.

Please see **Appendix 1 - Guidance: Helpful and unhelpful language when talking about suicide**

- 3) The use of protocols for the prevention of suicide and interventions where a learner is at risk. The College uses a Traffic light system that triggers closer monitoring if a young person has a life event which moves them into a higher risk group and uses a Suicide Safety Plan with a learner at risk of suicide. Please see **Appendix 2 - Guidance: How to intervene and ask questions about a learner at risk of suicide** Please see **Appendix 3 - Protocol for Supporting Learners at Risk of Suicide** (includes Traffic light system and Suicide Safety Plan)

Please see **Appendix 4 - Protocol for Supporting Learners - Self Harm or Suicidal Ideation**

## 2. Our beliefs about Suicide and its Antecedent

The College acknowledges that:

- Suicidal thoughts are common. 1 in 4 report having suicidal thoughts. 1 in 10 make an attempt at suicide (Survey of Mental Health and well-Being 2014)
- Suicide is complex. Every suicide is a tragedy. There are a number of contributory factors surrounding a suicide and the reasons are often complex and individual to that person. Every suicide is preventable however; it is not an unpredictable, personal, tragedy.
- Stigma inhibits learning. Stigma surrounding suicide and mental illness is a barrier to seeking and offering help. In our language and in our working relationships we will promote open, sensitive talk that does not stigmatise and perpetuate taboos.
- The College will play a part in supporting any learner who may have thoughts of suicide. ● Suicide is difficult to talk about. We aim to ensure that we have a Pastoral Manager on each site who is

equipped with the skills to identify when a student may have thoughts of suicide. Other staff including support staff and tutors are also expected to talk to learners to help them in a crisis situation.

- includes providing access to specialist staff training such as that offered by the Samaritans, Zero Suicide Alliance, Papyrus, MIND and Living Works. We want to make it possible for young people to be able to speak openly and seek the help they need.

### 3. Prevention

#### The Language Around Suicide

Language can help as well as harm. We recognise that there is helpful and unhelpful language when talking about suicide with young people. Using sensitive and appropriate language can help build awareness and understanding to increase empathy and support. Staff are given guidance on the topic of helpful and unhelpful language when discussing this topic.

Papyrus publishes a number of resources which help in guiding the ways in which discussions around suicidal thoughts or attempts should be framed. We need always to be mindful of the 'contagion' effect of suicides and be sensitive to this in all our work with learners.

Please see **Appendix 1 - Guidance: Helpful and unhelpful language when talking about suicide**

#### Seeking Professional Advice and Support

When a young person is thinking about suicide there may be one or more concerns that are contributing to their thinking. There are organisations that offer specific support such as;

##### **PAPYRUS HOPELine UK**

Tel: 0800 068 4141

Text: 07786209697

E-mail: [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

Offers support and advice to people under the age of 35 having thoughts of suicide and for anyone who is concerned about them.

**Stay-Alive app** <https://www.stayalive.app/>

<https://prevent-suicide.org.uk/>

A mobile app for those at risk of suicide and people worried about someone.

### 4. Intervention

The term 'intervention' is used to refer to the effort to prevent a young person from attempting to take their own life. Providing the young person with the opportunity to talk about suicide saves lives.

**Suicidal feelings do not have to end in suicide.**

See **Appendix 2 - Guidance: How to intervene and ask questions about a learner at risk of suicide**

See **Appendix 3 - Protocol for Supporting Learners at Risk of Suicide**

(includes Traffic light system and Suicide Safety Plan)

See **Appendix 4 - Protocol for Supporting Learners - Self Harm or Suicidal Ideation**

### Sharing information

As part of our duty to safeguard life and to keep the young person 'suicide safe' we will share information about suicidal thoughts and attempts at suicide with parents and/ or carers. This information will also be shared with the relevant members of staff

The safeguarding team will make calls to parents/carers of learners 16-17 as well as parents/carers of any vulnerable learners aged 18 or over. They will be invited to come into the centre and meet with relevant staff to discuss the wellbeing of learners.

## 5. Postvention

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.

The College has written postvention protocols after the unexpected or unexplained death of a learner, including suspected suicide.

In the event of a suspected unexpected, unexplained death or suspected suicide of a learner, the **Suicide / Unexpected Death of a Learner Protocols** will be put into action. These can be found on the staff policy portal. The oversight of all necessary management steps including communications with staff, learners, the family and media is included in these protocols.

The **Implementation Officer** (the Head of Support, Student Services and Safeguarding) is responsible for implementing these protocols as soon as the college is made aware of the possibility of such an occurrence. This work will be coordinated by the Implementation Officer who will link with the designated primary point of contact (often the Head of Centre) and the Chief Executive Officer or Chief Operating Officer, who lead the postvention actions and report to the Board.

The college will work with the local community as appropriate, depending on the location of the centre, any groups to which the learner/staff member was affiliated and the wishes of the family.

As part of future training, Heads of Centre are to help in developing their own team's awareness of postvention work by inviting a Samaritan's Postvention Advisor from their most local branch to deliver training annually during staff training inputs.

Designated Safeguarding Leads complete the 'Suicide awareness training' offered by the Zero Suicide Alliance as a minimum training requirement.

Postvention actions also include the identification of 'at risk' individuals and the ways in which they might be supported and referred to appropriate agencies. These 'at risk' individuals will then be supported under this Suicide Policy, with prevention and intervention support.

The incidence of a suicide can be extremely traumatic and distressing for those involved. All staff should read this policy carefully along with the links and appendices. Key pastoral staff, Heads of Centres and those on the implementation team will receive training.

This policy recognises that all staff can be upset and distressed by news of a sudden unexplained death. All staff includes tutors, learning support, administrative and facilities staff. The college aims to support all

staff as well as learners through the protocols in this policy.

Good planning for the aftermath of a suspected suicide makes it easier for people to respond effectively at a time when resilience may be low. Clear guidelines on the agreed responses to be made are vital and these are provided in the Suicide / Unexpected Death of a Learner Protocol and the Covid-19 Bereavement Policy. Where possible the communication links and designated staff members are similar in both policies.

### **Identify appropriate postvention services and facilities**

The college recognises the importance of identifying and evaluating the effectiveness of postvention services and facilities. The Implementation Officer coordinates with the Head of Centre to ensure that the Postvention team of the most local branch of the Samaritans is invited to provide support within two days of the news of a sudden unexplained death being received.

The Samaritans will offer to meet key members of staff in centre or remotely to support in implementing the protocols in this document and to provide individual one to one support where this is helpful. The postvention activities of the centre should be reviewed at the weekly 'Pastoral/at risk' centre meetings and the wellbeing of learners monitored very closely.

All staff to be alert to the types of behaviours that may suggest that any individual learners are struggling with the loss of their fellow learner and to be mindful of the risk of 'copycat' incidents that may present themselves in the longer term.

## **Appendix 1 - Guidance: Helpful and unhelpful language when talking about suicide**

It is recognised that language can help as well as harm. Papyrus talk about "using sensitive and appropriate language" to "help build awareness and understanding to increase empathy and support." Their website contains useful resources which can be downloaded to help start conversations about suicide. However, the following table identifies unhelpful and helpful language which might be helpful to be aware of.

### **When talking about suicide - how do I ask about suicide?**

By asking directly 'are you thinking of suicide' tells the young person it is alright to talk openly about their thoughts of suicide. It does not put the idea in their head.

Always remember, it is not uncommon to have thoughts of suicide. With help and support many people can seek support and stay safe. If they are not having thoughts of suicide they will tell you so. If there is still a concern then keep exploring why concerns remain until it is clear that the young person is not having thoughts of suicide.

### **Helpful language:**

- It sounds like you are thinking about suicide. Is that right?
- Are you telling me you want to kill yourself/ end your life/die/die to suicide?
- Sometimes when people are feeling the way you are, they think about suicide. Is that what you are thinking about?

### Unhelpful language

- You're not thinking of doing anything silly / stupid are you?

This is judgemental and when faced with this question, most young people will deny their thoughts for fear of being viewed negatively. The person asking this becomes the person it is not safe to talk to about suicide.

### When talking about attempted suicide:

#### Helpful language

- Attempted to take their life Attempted suicide
- Engaged in suicidal behaviours

#### Unhelpful language

- 'Unsuccessful or failed suicide' - 'Any attempt at suicide is serious. Young people should not be burdened by whether their attempt was a failure which may in turn suggest to them that they are a failure
- 'Its not that serious' - All suicide attempts must be taken seriously as there is a risk to life
- 'Attentions seeking' - Suicide behaviour is serious. Young people need attention, support, understanding and help
- 'It was just a cry for help' - This dismissive phrase belittles a young person's need for help. They do need help and may feel that they are not being taken seriously, which can be dangerous

### When talking about suicide:

#### Helpful language

- Ended their life
- Took their own life
- Died by suicide
- Killed themselves

#### Unhelpful language

- 'Successful suicide' - No suicide can ever be a success. We don't talk about any other death as a success
- 'Commit suicide' - Suicide has not been a crime since 1961. Using the word 'commit' suggests that it is still a crime (we 'commit' a crime) which perpetuates the stigma or the sense that it is a sin. Young people are less likely to talk about their suicidal feelings if they feel they are being judged.

### Further Guidance

- Cross Government Suicide Prevention Workplan Jan 2019
- Suicide prevention: developing a local action plan (25 October 2016 Guidance)
- Support after a suicide: a guide to providing local services (09 January 2017 Guidance)
- Papyrus Suicide Prevention Guide
- Information from Mind about how to deal with suicidal thoughts

- Video from Mind featuring young people discussing thoughts
- Suicide Prevention Strategy for England (10th September 2012 Policy Paper)
- Suicide Prevention: Third Annual Report (09 January 2017 Policy Paper)

## **Appendix 2 - Guidance: How to intervene and ask questions about a learner at risk of suicide**

### **1. Do I have a concern about a young person?**

This may include a conversation with others about the young person. Communicate directly with the young person. Say what it is that you have seen/heard that makes you concerned. Listen to your gut instinct.

### **2. How will I know if the young person is suicidal?**

A young person will usually communicate this although it may not be in an explicit verbal communication. It may be in their behaviour, the way they interact, and how they communicate. Note changes in behaviour and explore the concern with the young person. If the young person indicates that suicide is an option, the concern is now about suicide. The only way to check this is to ask the young person directly and clearly about suicide without interrogation or trying to 'fix it' They will just want to be asked.

### **3. What indicators can I look out for?**

There is not an exhaustive list but things like a bereavement of family member, friend or pet, a significant life event such as changing schools/college, bullying, an assault. They may be self harming, although self harming does not necessarily lead to suicidal thoughts. Poor sleep patterns, weight loss, feelings of anger or helplessness, loneliness can also be indicators. This is particularly pertinent when there are a number of these together, combined with a life event such as the loss of a loved one or a break up of a relationship with someone who offered a means of support.

### **4. How do I ask about suicide?**

By asking directly 'are you thinking of suicide' tells the young person it is alright to talk openly about their thoughts of suicide. It does not put the idea in their head.

Examples of **more helpful questions** are;

'It sounds like you are thinking about suicide. Is that right?'

'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 are thinking about?'

'It sounds like life is too hard for you right now and you want to kill yourself. Is that right?'

If they are not having thoughts of suicide they will tell you so. If there is still a concern then keep exploring why concerns remain until it is clear that the young person is not having thoughts of suicide.

## 5. How do I talk about suicide safely?

More helpful ways to continue a conversation about suicide in a reassuring safe way;

‘It’s hard and scary to talk about suicide but take your time and I will listen’

‘Can you tell me more about why you want to die’

‘It sounds as if things are really hard at the moment...can you tell me a bit more’

‘You’ve shown a lot of strength in telling me this. I want to help’

## Appendix 3 - Protocols for Supporting Learners at Risk of Suicide

1. Any instances of suicidal thoughts must be raised as a safeguarding case immediately so that DSLs are notified and can provide immediate support to the learner, whether this is an initial conversation, a chat with the pastoral staff, or signposting externally.
2. Immediate action to support the learner may include contacting the GP to arrange an appointment and in the most serious instances contacting emergency services. A member of staff is to stay with the learner at all times until the emergency services arrive to provide support and to ensure that the learner remains on the premises.
3. Learners must always be provided with sources of 24/7 support that can be accessed out of college hours. The sharing of information will be done by liaising with the learner at all times, wherever possible. We may also with the learner’s consent share information with the GP and other health professionals such as CAMHs.

### All staff should be aware of the following:

#### Traffic light system for prevention and intervention on suicide

This system triggers closer monitoring if a young person has a life event which moves them into a higher risk group. For example one or a combination of the following:

A suicide in the family or close friend, diagnosis of a long term physical health or mental health condition (depression, CPTSD) , neglect, abuse or trauma, sexual violence, alcohol or substance misuse. Such cases should be recorded as pastoral logs and may need then to be escalated as a safeguarding case to MyConcern if the learner themselves is seen to be at risk of harming themselves.

**Green** - centre is aware of a situation but the learner seems to be coping and is talking to staff and sharing any concerns.

**Amber** - again, the centre is aware of the situation and the learner is repeatedly asking to see staff to discuss their concerns and the effect of this situation on them.

**Red** - the effects of suicidal contagion are seen whereby the learner is experiencing and expressing suicidal thoughts.



### **Suicide Safety Plan**

- Any learner who has been identified as requiring emergency treatment or been referred to external services for suicidal ideation, will be provided with an agreed Suicide Safety Plan as is the case with Papyrus. This will help in the future management of an individual's safety and personal care.
- There are example resources, including tools for a Suicide Safety Plan, available from Papyrus <https://www.papyrus-uk.org/suicide-safety-plan/>
- Where we are aware that a learner has a Suicide Safety Plan, it is important that any such learner is on the centre pastoral/At Risk student support list. This is normally the responsibility of the person in college who helps create a suicide safety plan, or becomes aware of one being in place.
- This learner must also be an active safeguarding case and their support will be managed by the safeguarding team.

## **Appendix 4 - Protocols for Supporting Learners - Self Harm or Suicidal Ideation**

In a situation where a learner is fully conscious and having suicidal ideation and the general feeling is that the learner should be taken off site for their own wellbeing, we have a duty of care to deliver the following mental health first aid actions:

- If a learner reports that they have taken an overdose and/or self harmed to such an extent that their wounds require hospital treatment (first aid must be applied here to protect skin and abrasions with protective coverings) then emergency services should be called on 999. A member of staff may need to accompany the learner in an ambulance. Parents/carers or next of kin must be informed.
- If a learner presents with suicidal thoughts/ideation and expresses an intention to take their life then emergency services should be called on 999 and the learner should not be left alone until they are handed over to the care of the paramedics. A member of staff may need to accompany the learner in an ambulance. Parents/carers or next of kin must be informed.
- If a learner has obviously self harmed and their abrasions are bleeding then emergency first aid should be applied to dress the wound. Emergency services should be called on 999 immediately if there is profuse bleeding or serious injury.
- For less serious injuries 16 - 18 year olds or 19+ vulnerable students, parents/carers should be called and asked to take their son/daughter to the local A & E department. (If parents/ carers are not available, then emergency services should be called on 999) In the event that a learner is taken by ambulance to an A & E department then again, they may need to be accompanied by a member of staff.
- If a learner is expressing suicidal thoughts/ideation but says there is no immediate intention to act on these, contact their parents/carers (in the case of 16 - 18 year olds or 19+ vulnerable students) and arrange an emergency GP appointment as soon as possible.
- If we are unable to contact parents/carers/next of kin then it is quite acceptable for a member of the safeguarding team to contact the GP surgery to make an emergency appointment. This member of staff would arrange for the learner to be accompanied to the GP surgery. Parents/carers or next of kin should be contacted if possible to meet staff at the surgery. Please note: if parents/carers/next of kin are not able to meet staff at the GP surgery or staff are unable to contact them - then it is acceptable to hand over the care of the learner to the GP surgery staff.

## Appendix 5 - Protocols: Internal procedures and processes

**The postvention protocols for dealing with the sudden unexpected death of a learner, which may be unexplained, or suspected suicide must be followed by all staff, in the event of such an occurrence.**

These protocols heavily rely on the Samaritans 'Step by Step' approach and the College is indebted to the Samaritans for their input.

### Postvention Protocols

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.

**The College has postvention protocols after the unexpected or unexplained death of a learner, including suspected suicide.**

In the event that there is an unexpected death of a learner, the college protocols will be put into action. The oversight of all necessary management steps including communications with staff, learners, the family and media is included.

These protocols adhere to the principles of the Samaritans 'Step by Step' approach and the support of the Samaritans in creating these protocols is gratefully acknowledged.

Please ensure that information regarding a suspected suicide is passed on very promptly to the Implementation Officer who will then coordinate future actions. On no account should any communications be made directly (e.g. responses to emails received) before linking with the Implementation Officer. All communications are overseen by the Chief Executive Officer or Chief Operating Officer. All staff members must ensure that information is passed on swiftly and accurately so that appropriate measures can be put in place.

The college Implementation Officer is responsible for implementing these protocols as soon as the college is made aware of the possibility of such an occurrence.

The key to coping with a crisis is to plan. It is particularly important that the college responds to a sudden unexpected death within 24 hours. This is necessary to maintain the structure and order of the college routine, while facilitating the expression of grief, and reducing the risk of imitative behaviour.

Staff should be aware of essential information included in such planning, including who to tell, what to say and what not to say, and who is vulnerable.

This 'essential information' needs to be understood fully at a time of relative calm and not at the onset of a crisis situation when news of a sudden unexpected death is received.

**Who to tell** - without delay, staff must inform the Implementation Officer (Head of Support, Student Services and Safeguarding) who will then put the protocols into place and will coordinate communications.

**What to say / what not to say** - The CEO / COO will approve all communications. The Implementation Officer will coordinate communications.

**Who is vulnerable** - The Implementation Officer will assess and support the needs of people affected by the death.

The incidence of a suicide can be extremely traumatic and distressing for those involved. All staff should read this policy carefully along with the links and appendices.

This policy recognises that all staff can be upset and distressed by news of a sudden unexplained death. All staff includes tutors, learning support, administrative and facilities staff. The college aims to support all staff as well as learners through the protocols in this policy.

Good planning for the aftermath of a suspected suicide makes it easier for people to respond effectively at a time when resilience may be low. Clear guidelines on the agreed responses to be made are vital and these are provided in our Covid-19 Bereavement Policy. Where possible the communication links and designated staff members are similar in both policies.

## The Postvention Team

**The designated postvention team** following a suicide of unexpected death of a learner, mirrored closely by the Covid-19 Bereavement Policy, consists of:

**The primary points of contact** are the Chief Executive Officer and/or the Chief Operating Officer who will keep the Board updated and share information with the college community in a timely way. They will link with the Implementation Officer.

**The Implementation Officer** coordinates the response and ensures that the procedures are followed.

The postvention team will be coordinated by the Implementation Officer and led by the Chief Executive Officer and/or the Chief Operating Officer. The exact composition of the postvention team will vary depending on the centre where the learner was based. Additional members of the team may include for example:

- Head of Centre
- Learner Support Manager
- Pastoral Manager
- Other Designated Safeguarding Leads (DSLs)
- Pathway Manager
- Course Leader

The clarity on 'who will do what' is provided by the Implementation Officer who coordinates the different strands of the college's response and links as appropriate with the Executive Leadership Team.

In the event of a suicide, the most local branch of the Samaritans will support the centre affected and the Implementation Officer by allocating a Postvention Advisor.

## **Procedure for notifying staff, parents and young people about a suspected suicide and guidelines on how to inform the college community and respond to the media**

The procedures within ACC will be led by the Implementation Officer who is the primary link with the Executive Leadership Team.

All communications are managed by the Chief Executive Officer.

Wherever any communication is sent of any type - letter or email - this is approved first by the Chief Executive Officer and the Implementation Officer who is the link between this Director and other staff members e.g. Head of Centre,, LSMs, Pathway Managers.

The news of a sudden unexpected death may be received by the college in a variety of ways. This can include a phone call or an email to 'Student Services', an email or message to a Head of Centre, Pathway Manager, Course Leader, LSM or a member of the ALS staff. The initial disclosure may be made by a parent or family member, a friend or fellow learner.

The overarching principle is that in all cases, the initial response by the college and adherence to the procedures outlined below are overseen by the Implementation Officer. Necessary collaboration with the Chief Executive Officer and all centre staff is led by the Implementation Officer at all times.

### **Notifying staff - procedures and guidelines**

It is of paramount importance that all centre staff are advised of the death of a learner as soon as is practically possible. The priority is that all teaching and support staff who have had direct contact with the learner and their cohort are advised immediately. It is suggested that this notification is made by the Head of Centre, liaising with the Implementation Officer, within one hour of the notification being received. It is vital that all staff are made aware of the loss of the learner before they next have any contact with other learners, whether this contact is face to face or remote. This includes learners who were in the same cohort or those who may be a friend of the deceased. Staff need time to process the news and to be provided with time to feel adequately prepared before their first encounter with learners.

Heads of Centre are to meet with their management team as soon as the news is received in order to make an immediate plan on ways to share the news with staff in the most sensitive way.

The discretion of management will be used with their knowledge of staff timetables to determine how to relay the information most calmly in a supportive manner. In some cases, it may be judged that a small meeting is the best setting and in other cases it might reasonably be foreseen that an individual member of staff might be less distressed if a manager talked with them privately.

A number of factors come into play here, including the time of day, the number of teaching sessions taking place at that time, the presence of learners on site in non teaching areas as well as the number of key teaching and support staff and others who worked most closely with the learner. The Heads of Centre are ultimately best placed to take these factors into account and supported by other managers to decide on the best immediate methods of communications within the centre.

### **Actions following receipt of the news**

We recognise that this policy can not anticipate or provide detailed guidance that could suit all and every circumstance. ACC relies on the professional judgement of its staff, led by the Implementation Officer to adapt guidelines sensitively to best fit an individual case.

News of a death by sudden unexplained death could be received by a member of staff through a range of methods and via various sources. A phone call, text message or email could be received or a post on social media seen. The news might be conveyed by a colleague on or off site, a family member, a friend, a learner or via an external agency such as the police or Children's Services.

Whoever first receives news of the death, it is vital that the information is relayed immediately to the Head of Centre, LSM and Implementation Coordinator.

News could arrive at any time of day. It may be the case that news is received just before a session is due to commence with the learner's group. In the immediate hours that follow the news of an unexplained death, a member of staff may be timetabled to deliver teaching or hold a group tutorial with affected learners. It is vitally important that staff feel comfortable in expressing any concerns that they may experience with their Head of Centre or a member of the safeguarding team.

Every step will be taken to ease the situation, providing session cover where possible. The health and wellbeing of all members of staff as well as learners is paramount and management are committed to adopting a supportive approach taking every possible measure to alleviate distress for all concerned.

If any member of staff feels especially distressed or overwhelmed by the news of a suicide, they should discuss their feelings with their Head of Centre or Learner Support Manager. The college will aim to provide immediate support. In addition to support from the most local Samaritans Postvention Advisor and ACC's Wellbeing and Engagement Manager, all members of staff can self refer to the Employee Assistance Programme. These forms of support can be accessed very quickly but staff members are urged to contact the Samaritans directly on their advice line day or night - they offer a 24/7 phone service on 116 123.

All staff advised of a sudden unexplained death and those staff who deliver provision to the cohort of the deceased are advised to refer to the Papyrus support material along with that resources available on the Samaritans website.

Any communications received from the local media are to be forwarded to the Implementation Officer who coordinates and links between the Head of Centre and the Chief Operating Officer..

College involvement in post suicide coroner investigations -

Following the suicide of a learner, the coroner will request a variety of reports prior to the inquest. A Police Coroner Officer (PCO) is appointed who coordinates a Joint Agency Response. This process involved the police, the health authority and local authority. Any educational provider is included as a partner in this process and is asked to provide testimonies relating to the learner.

The testimonies required from the college will include general reports on the deceased performance on their course and any noted difficulties. Specific attention will be paid to records of any pastoral or safeguarding issues.

Individual testimonies from staff who knew the learner particularly well may be requested. Fellow learners may come forward with information they would like to share about their relationship with the deceased and any

knowledge they have of the events that led to the event. The PCO will also request written testimonies from these learners.

Contact can be expected from the PCO very soon after the death is reported - within two to three days. The information we provide feeds into the Joint Agency Response and a written response must be provided as soon as can reasonably be achieved.

Our contribution to the Joint Agency Response is managed locally by the Head of Centre, supported by the Implementation Officer. Any records or statements shared by the college with the PCO must be sent by the Head of Centre personally who may be supported by the LSM. The college may later be invited to attend a 'Final death review meeting'. This meeting is mandated after the sudden unexpected death of a young person and in most cases our representation at this meeting should be the Head of Centre personally.

Details of any meetings attended must be shared with the Implementation Officer who will link with the Head of People Services (Systems) as appropriate.

The PCO produces a report once the initial findings are collated. In the case of a learner aged under 18, this is the 'Initial Child/Young Person Death Review Summary'. As the educational provider, we should not routinely be sent a copy of this report which includes statements of a very sensitive nature from police and medics who attended the scene. If a report is ever received at a centre, please ensure that it is forwarded immediately to the Implementation Officer who will link with the Head of People Services (Systems). The report should not be opened and once forwarded, it should be deleted from the recipient's inbox. The Implementation Officer will respond to the PCO requesting that any future correspondence is sent directly to them.

The Implementation Officer will link with the Head of Centre on each individual case in relation to appropriate communications with parents/carers of other learners of the centre. A major danger following the suicide of a young person is the 'contagion' effect or the possibility of copycat acts at some point in the future.

There are cases where it can be beneficial as part of our duty of care to learners to advise the parents/carers of fellow learners. In so doing, with a simple message relaying the sad news, we are alerting parents/carers to the fact that their child could be distressed and might not react immediately. A decision to advise parents/carers of fellow learners should be taken by the Head of Centre in conjunction with the Implementation Officer.

The Samaritans brochure for parents/carers very clearly explains the kinds of behaviour that may be displayed and may signify that their child is experiencing emotional difficulties that are not immediately expressed or shared.

### **Notifying learners**

As referenced above, learners may need to be notified in different settings. Specifically, when they are accessing provision:

- a) on site or
- b) when they are engaging in remote learning

All members of staff are advised to read the Samaritans leaflet 'Information for staff' ahead of starting any conversations with learners. As well as the Samaritans, PAPYRUS can help you if support is needed here.

Organisations listed as members of the Support After Suicide Partnership can also provide support - [Support After Suicide](#)

We need to provide opportunities for learners to express their emotions and identify strategies for managing them. It is accepted that centre staff may not be the most appropriate people to facilitate this and therefore should engage professionals such as counsellors and therapists to further support students through their responses to the suicide. They will be able to provide more specialist support.

A centre team meeting should be held before first conversations with learners. In this meeting, agreement should be reached on the words to be used to tell students about the death. Remember, it is only at an inquest that the coroner can conclude whether or not the death is a suicide. Before then, it might be helpful to say that the learner appears to have died by suicide. If the facts are unclear, state that the cause of death is still being determined and will be shared at a later date.

It is important to debrief at the end of the day with your colleagues. Talk about how the day has gone, what went well, and what may have been difficult. You may want to raise concerns about some of the learners and their responses so the whole team is aware. Checking in with your colleagues and talking about your experience of the day before you go home may help you to manage how you're feeling. You may want to begin looking at next steps together.

On site:

Where learners are on site on the day that the news is received of a suspected suicide, the learners in the same cohort of the learner who has passed away should be told of the passing in small groups if this is possible. The Head of Centre will link with the delivery staff involved e.g. Pathway Manager, Course Leader. The LSM, Pastoral Manager and learning support staff will always be involved.

The key principles of the conversation with the learner group are:

- To keep the information absolutely minimal and to refrain from sharing any details (known or suspected) about the suicide method
- To simply say that the college has some very sad news to share with the group and that this relates to a sudden passing of a fellow learner
- To discourage learners from speculating about the nature of the passing of the learner out of respect for the deceased and their family - To refer directly to the Samaritans brochure 'Step by Step - Information for students' It may be helpful to quote directly from the opening words on the introduction of the brochure:

'Such a sad event can bring up a range of feelings and questions that you may never have experienced before. You may find it hard to explain how you are feeling to others or to ask for help.'

Allow time for members of the group to process the information. Offer reassurance that lots of support is available to them - not just immediately but as time moves on. This includes talking in the centre with a member of staff with whom they feel comfortable or with the LSM or Pastoral Manager.

Papyrus offers specific guidance on the type of vocabulary to use with young people - words and expressions to use and those that should be avoided:



Expressions to use include 'ended their life', 'took their own life'.

Expressions to avoid include 'commit suicide', 'successful suicide'

The Samaritans offer lots of invaluable support and the 'Information for Students' guide is printed and copies available at reception as well as being accessed via Learner Moodle.

- There is a 24 hour phone service available through the Samaritans for anyone who feels they need to talk through how they are feeling.
- A range of additional services are listed at the end of the Samaritans brochure.
- Close the initial discussion by reminding the group that this information has come as a shock to staff and learners and time will be needed to process it. Remind them that however they feel at that moment in time, things can and do change and their need for someone to listen may change too. All staff are aware that this is the case and will continue to be responsive at any point down the line.

### **Procedures for recognising 'at risk' individuals (including staff) and identifying where people would be referred to other support.**

Appendix 3 describes the support which is available for those identified as being 'at risk' of suicide.

Where any learner is identified as being at risk of suicide, a safeguarding case should be raised so that the safeguarding team is immediately made aware of this and support can be provided.

Papyrus has a very useful Suicide Prevention Guide which all staff are strongly recommended to read [here](#) . All centre LSMs, and Pastoral Managers are encouraged to access all new update training as it becomes available as part of their CPD and Access Creative College is fully committed to supporting staff development and learner support in this way. The College will endeavour to ensure that all staff have a basic awareness of suicide prevention protocols and the support available.

### **Identify appropriate postvention services and facilities**

The college recognises the importance of identifying and evaluating the effectiveness of postvention services and facilities. The Implementation Officer coordinates with the Head of Centre to ensure that the Postvention team of the most local branch of the Samaritans is invited to provide support within two days of the news of a sudden unexplained death being received.

The Samaritans will offer to meet key members of staff in centre or remotely to support in implementing the protocols in this document and to provide individual one to one support where this is helpful. The postvention activities of the centre should be reviewed at the weekly 'Pastoral/at risk' centre meetings and the wellbeing of learners monitored very closely.

All staff to be alert to the types of behaviours that may suggest that any individual learners are struggling with the loss of their fellow learner and to be mindful of the risk of 'copycat' incidents that may present themselves in the longer term.



### **Funeral arrangements and tributes**

The Implementation Officer links with the relevant centre management and members of the Executive Leadership team to ensure that arrangements are made that are respectful to the family and provide fellow learners with an opportunity to participate in any tributes.

In most cases it is judged appropriate that the Head of Centre links with the family and sends flowers in the first instance and the Chief Operating Officer may send a formal tribute on behalf of the college. Each case needs to be assessed individually and sensitively and coordinated by the Implementation Officer.

### **Communications with the public and the media**

The Implementation Officer links with the Chief Executive Officer or the Chief Operating Officer immediately when the college is notified of a sudden unexpected death. All communications with the public and media are overseen by the CEO or COO. All staff must link with the Implementation Officer.

### **Suggested statements to be made in response to phone enquiries**

Please note that if a phone call is received from the media, the caller should be directed to the Implementation Officer.

In the case that a phone call is received from a member of the public asking about the news of the unexpected death of a learner, it is suggested that the following response is made. Clearly, the actual wording needs to be varied slightly depending on the actual question posed by and the identity of the caller.

The most likely scenario is that a learner at the centre has heard something and is phoning to try to get more information or confirmation. It may be a parent/carer who is asking for confirmation of something that has been seen on social media.

Whoever the caller is, the key priority is to be respectful of the family of the deceased. On no account should the word 'suicide' be used. We need to use at all times the expression 'an unexplained death' or 'sudden unexplained death'.

Framed like this, these types of brief statements are entirely appropriate:

'Thanks for your concern. We can confirm that very sadly there has been a report of a learner passing away (or of a sudden unexplained death of one of our learners).

I am sorry but I'm sure you'll understand that our priority above all else is to show respect for the family and their privacy. It is for this reason that I'm not able to share details of the identity of the learner. Thank you for your call.'

In cases where the caller knows the name of the learner who has passed away, the first sentence should be substituted with:

'Thanks for your concern. We can confirm that very sadly we are aware that this learner has passed away.

I am sorry but I'm sure you'll understand that our priority above all else is to show respect for the family and their privacy. I'm unable to provide any more information at this stage. Thank you for your call.'

## **POLICY**

If the caller persists and asks further questions, end the call by suggesting that they email the Head of Centre and repeat that no other information can be shared by you.

Be mindful of the fact that a caller may have heard that a learner may have taken their own life. In this case, you may be asked for more on the term 'sudden unexplained death'. You may be asked specifically to confirm if it's the case that a learner took their own life. Do not be drawn into answering this question but simply repeat that there has been a loss of life and you are unable to provide any further details i.e. to confirm or refute any rumours.

Where the identity of the deceased has been published in the media (the local press and potentially TV coverage), parts of the above would not be applicable. In such instances, a caller may again want more information. In these cases, they should be asked to email the Head of Centre with details of their query. Be aware of the fact that the media treats cases such as these very sensitively and would use expressions like 'the cause of death is being investigated' and would not use the word 'suicide' in their coverage. Do not be drawn into providing details of any information that you have at the time of the call. Again, thank the caller for their concern and request that any further requests for information are put in writing via email to the Head of Centre.

The Head of Centre links at all times with the Implementation Officer so that the college's response is overseen and coordinated by senior management. If you have any queries at any point or seek support following the news that a learner has passed away, please do not hesitate to contact the Implementation Officer.