



SUICIDE SAFER SCHOOL POLICY

Essential Safeguarding Contacts

The Head of Centre who has the ultimate responsibility for safeguarding is Noreen Khan. In their absence, the Deputy Designated Safeguarding Lead (DDSL) Paul Dearden has ultimate responsibility.

KEY SCHOOL STAFF & ROLES

Name	Role	Location/Contact Number
Noreen Khan	Head of Centre DSL	IncludEd Learning Centre
Paul Dearden	Deputy Head of Centre DDSL	IncludEd Learning Centre
Adeel Kean	Pastoral Lead DDSL	IncludEd Learning Centre
Ann Hardy	SENDCO	IncludEd Learning Centre

ADVISORY PANEL	Contact Phone Number/Email
Chair & Prevent Dr J. Karim	jehangir.included@gmail.com
Safeguarding: Katrina Garg	kattyg39@hotmail.co.uk
Staff: Mental Health & Well-Being: Noreen Khan	noreen@includedlearning.co.uk
Staff: Prevent	noreen@includedlearning.co.uk
SEND: Ann Hardy	a.hardy@includedlearning.co.uk

Our procedure if there is a concern about a child's welfare or safeguarding is:-

- See MSPRU flow chart - Appendix
- Multi-Agency Safeguarding Hub (MASH) Helpline: **0161 219 2895**
- Early Help Hubs: North **0161 234 1973**, Central **0161 234 1975**, South **0161 234 1977**
- National Society for the Prevention of Cruelty to Children (NSPCC): **0808 800 5000**
- Local Authority (LA) Safeguarding in Education Team: **0161 245 7171**
- **Child Line:** 0800 1111

Our procedure if there is an allegation that an adult has harmed a child, or that a child is at risk from a named adult is:

- To follow safeguarding procedures;
- Refer to Part 1 KSCIE (Sept 2025)
- Manchester LADO (sometimes known as DOLA or LA Designated Officer): 0161 234 1214

Our Whistleblowing procedure if staff and volunteers wish to raise concerns about poor or unsafe practice and potential failures in our safeguarding regime internally or externally.

- To follow safeguarding procedures
- NSPCC Whistleblowing Helpline: 0800 028 0285
- The Whistleblowing Helpline on 08000 724725 or email to enquiries@wbhelpline.org.uk

Related Documents:

- [Safeguarding and Child Protection Policy 2025](#)
- [Bereavement and Loss Policy](#)
- [Self Harm Response Policy](#)
- [Positive Mental Health and Wellbeing Policy](#)
- [Building Suicide-Safer Schools and Colleges](#)

* Unconscious Bias Key definitions:

There are two types of biases:

Conscious bias (also known as **explicit** bias) is an inclination or prejudice for or against one person or group, especially in a way considered to be unfair.

Unconscious bias (also known as **implicit** bias). It is unintended and subtle, based on unconscious thought. People may have unfair beliefs about others but not be aware of them. Typically unconscious bias happens involuntarily without any awareness or intentional control. Everyone holds unconscious beliefs about various social and identity groups.

Under the 2010 Equality Act, it is unlawful to discriminate against people because of nine areas termed in the legislation as protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

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MONITORING, EVALUATION AND REVIEW

SUICIDE SAFETY PLAN

→ 1. Aims and Values

IncludEd Learning will endeavour to provide an environment where every student can feel:

- safe;
- healthy;
- able to enjoy and achieve;
- able to contribute to future economic well-being; and
- able to make a positive contribution.

This policy will contribute to the protection and safeguarding of our students and promote their welfare by:

- Adopting a whole school approach to suicide-safety;
- Ensuring that safeguarding underpins all aspects of this policy development in school;
- Suicide-safety will be addressed through the curriculum in an age-appropriate way;
- Alerting staff to the signs and indicators that all may not be well;
- Developing staff awareness of the risks and vulnerabilities our students face;
- Addressing concerns at the earliest possible stage.

This means that in our school we will:

- Identify and protect all pupils, especially those identified as vulnerable students;
- Identify individual needs as early as possible; gain the voice and lived experience of vulnerable students and design plans to address those needs; and
- Work in partnership with students, parents/carers and other agencies.

Our Vision for Wellbeing

As a school, in order to prioritise and be committed to the wellbeing of all members of our school community, staff and students are committed to the development of resilience through connectedness, kindness and compassion.

Through the values, ethos and culture we advocate every day in line with our school vision, we aim to develop and nurture students and colleagues with sensitivity and mutual respect.

→ 2. Statement of Principles

IncludEd Learning is aware that suicide is the leading cause of death in young people and that we play a vital role in helping to prevent young suicide. We want to make sure that students at our school are as suicide-safe as possible and that our governors, parents and carers, teaching staff, support staff, students and other key stakeholders are aware of our commitment to be a Suicide-safer school.

School will therefore:

- Have conversations and listen to children and their families as early as possible.
- Understand the child's lived experience.
- Work collaboratively to improve children's life experience.
- Be open, honest and transparent with families in our approach.
- Empower families by working with them.
- Work in a way that builds on the families' strengths.
- Build resilience in families to overcome difficulties.

If school feels a multi-disciplinary approach is required, the DSL/Deputy, with parent/carer consent, must consider liaising with other agencies and complete an inter-agency assessment as appropriate. If required to, all staff will support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner.

Our Beliefs About Suicide and Contributory Factors

As a school we acknowledges that:

- **Suicidal thoughts are common**

We acknowledge that thoughts of suicide are common among young people.

- **Suicide is complex**

We believe that every suicide is tragic. There are a number of contributory factors surrounding a suicide and the reasons are often complex and individual to that person. However, we believe that there are lessons that may be learned from each death that may help prevent future deaths.

- **Stigma inhibits learning – stigma can kill**

We recognise that the stigma surrounding suicide and mental illness can be both a barrier to seeking help and a barrier to offering help. King Edward VI Handsworth Wood Girls School is dedicated to tackling suicide stigma through our PSHE curriculum, assemblies (where appropriate) and sharing information with parents. In our language and in our working relationships,

we will promote open, sensitive talk that does not stigmatise and perpetuate taboos.

- **Suicide is everyone's business**

As a school, we recognise that students may seek out someone who they trust with their concerns and worries. We want to facilitate the reporting of any risks or concerns.

- **Safety is important**

We want to support our students, sometimes working in partnership with family, caregivers, external agencies and other professionals where this may enhance suicide-safety.

- **Suicide is a difficult thing to talk about**

We know that a student who is suicidal may find it very difficult to make their feelings known and speak openly about suicide. We have key adults in school who are specifically and regularly suicide-safety trained and who are able to identify when a pupil may be struggling with thoughts of suicide.

- **Talking about suicide does not create or increase risk**

We will provide our students with opportunities to speak openly about their worries with people who are ready, willing and able to support them.

→ 3. Clarification of Terms

Suicidal ideations (SI), often called suicidal thoughts or ideas, is a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide. **Passive suicidal ideation** should not be taken lightly. It's impossible to predict who's likely to act on these thoughts. That's why anyone who expresses passive suicidal ideation should be considered at risk for suicide. While someone might admit to wishing to die, they may deny making plans to do so. Warning signs that suicidal ideation has become **active suicide ideation** include giving away possessions, getting affairs in order, and saying goodbye to loved ones.

Risk factors, whilst not exhaustive, may include:

- Offline and online bullying;
- Over emphasis on academic success (and fear of failure);
- Lack of access to professional mental health care;
- Addiction;
- Depression or other mood disorder;

- A history of suicide in the family;
- A history of trauma or abuse;
- People who are marginalised/discriminated against;
- Lack of support network;
- A chronic illness and/or chronic pain;
- Previous suicide attempt;

→ 4. Roles and Responsibilities

Our Senior Leadership Team will lead procedures as outlined in the staff section of this policy, in the event of a suicide, with support from members of the Advisory Panel and professional agencies where appropriate.

- The Headteacher, Designated Safeguarding Lead (DSL) and Deputy Headteacher responsible for Staff CPD should be aware of who has received general suicide awareness education and those who have received Applied Suicide Intervention Skills Training (ASIST).
- Relevant staff will work together where students have thoughts of suicide or suicidal behaviours and will communicate the information with parents in order for them to keep their child safe.

Suicide Intervention Team

The Head of School, Noreen Khan, Lead DSL, is the named individual, who is responsible for the design, implementation and maintenance of this policy.

We have a Suicide Intervention Team whose members understand this policy and are trained in Suicide Prevention. This team of people will undertake specialist training and school will endeavour for at least one trained person to be on duty during our opening hours. The Suicide Intervention Team will be the point of escalation for any concerns about a student or young person. The Suicide Intervention Team will keep confidential records on CPOMS of students at risk of suicide to provide some continuity of care within the intervention model. These staff are:

- Ms Noreen Khan(/DSL/Senior Mental Health Lead)
- Mr Paul Dearden (Deputy DSL)
- Mr Adeel Kean (Pastoral Lead/Deputy DSL and First Aider)
- Miss Emily Hales (First Aider)
- Mr Stephen William (SEMH Practitioner)

- Mr Amer Karim (SEMH Practitioner)
- Ms Deb Burton (SEMH Practitioner)
- Mr Cameron Bellfield-Simmons (SEMH Practitioner)

Pastoral staff listed above and any Pastoral Leaders who have been trained by members of the Suicide Intervention Team will create a Suicide-Safety Plan (see Appendix A) with students who have been identified as being at risk of suicide. We will endeavour to ensure that all staff are suicide aware. This means that all staff inductions will include suicide awareness, i.e. how to spot signs, what to do and how to escalate any concerns to the Suicide Intervention Team and Deputy DSLs.

We will endeavour to ensure all students are suicide aware. This means there is an annual programme of events and campaigns that equip our students to know how to spot signs, what to do and how to escalate any concerns to the Suicide Intervention Team. These will include assemblies which introduce the team, form time activities and PSHE lessons. We want to create a community where suicide is no longer taboo and young people feel able to tell someone if they feel suicidal and ask for help.

IncludEd Learning will support any Foundation reviews of Mental Health and Wellbeing, which may include Suicide-Safety. This will ensure our suicide prevention work is integral to that of our wider community. It can also help identify and address possible patterns of suicidal behaviours across the Foundation. We will however take into consideration advice from Papyrus which states that we should be aware that statistical anomalies may occur from one year to the next, especially when comparing different communities or geographic areas. We will look at timeframes of three or more years to identify significant patterns.

In conjunction with the Site Manager, the yearly risk assessments will consider the physical safety of our environment including the removal of potential ligature points, restricting access to places which facilitate jumping, and securely storing harmful substances.

We recognise that the need to protect someone's life must be balanced against the need to protect their confidentiality. We therefore routinely ask all students over 18 for permission to share any serious concerns for their welfare with an emergency contact of their choice. Should any student who is known to have suffered from suicidal thoughts leave school unexpectedly for whatever reason, we will endeavour to inform their emergency contact of their vulnerable state.

We recognise that students may experience periods of poor mental health while attending our school. We will endeavour to put in place mechanisms which allow staff (that have regular interaction with the student) to be able to flag or review any concerns about individual students including suicidal thoughts. Ideally this will be flagged immediately using CPOMS. Students that are flagged on CPOMS will be reviewed regularly and routinely by the pastoral and safeguarding team so that patterns of concerning behaviour can be spotted and the necessary steps put in place to keep them safe, including meeting them face to face.

When we identify a student at risk of suicide and decide to engage external services, such as hospital A&E departments or crisis centres, we will create explicit guidelines on the pathways that apply. Any guidelines will be developed in cooperation with the external services, and will be reviewed regularly as the provision of such services change over time.

Suicide Postvention Team

In the event of a suicide, the School will have a Suicide Postvention Team whose role it is to respond in the event of a suicide. Each member of the team will have a defined responsibility within our plan including leadership, family liaison and any communications with external agencies, including the media.

- Ms Noreen Khan – liaison with external agencies;
- Ms Deb Burton - support for other KS3 students;
- Mr AdeelKean – support for other KS4 students;
- Mr Paul Dearden - liaison with impacted family;
- Ms Ann Hardy – communication with parents, if appropriate, and Advisory Panel;
- Ms Noreen Khan will oversee communication with the media if appropriate.

We will support authorities if there is an inquest after someone has died by suicide in our school but will be mindful of the distress an inquest causes to the bereaved people. We will also be mindful of the impact supporting an inquest can have on staff. Further details are available here: [Child Death Review - Statutory and Operational Guidance \(England\) - GOV.UK](https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england)

We will record and monitor deaths by suicide and the impact on the community and share anonymised information where required. This will include on-going monitoring of student deaths including suicides, suspected suicides and self-harm. Monitoring of self-harm is done through a collection of information

from CPOMS, external services and information disclosed by students.

We will also

- Provide information about services/sources of bereavement support to students after a suicide.
- Assess the impact of any relevant intervention provided to staff or students.
- Reviewing lessons learned and any suggested changes to procedures and provisions of well being services.
- Identification of multiple events, such as two suicides in a relatively short period of term (e.g. one term) which may indicate a possible suicide cluster, including investigating possible connections between individuals, their circumstances and their suicidal behaviour. Multiple suspected suicides may not be connected, but may contribute, in some vulnerable individuals, to thoughts of suicide as a way of dealing with problems. Where concerns arise regarding a possible suicide cluster we will immediately communicate with the local authority Public Health Suicide Prevention Lead and collaborate closely with them to develop a response plan.

Staff

All staff will do their best to support students whilst recognising that we are not experts. Our aim as a school is to keep students "safe for now" while that young person, their parents/carers and school work to secure specialist help for them. Staff will follow the guidelines provided by Papyrus.

Staff will be supported in the event of the death of a student by suicide primarily using the advice from Papyrus, but also through signposting to external agencies including Employee Assistance.

If a student is bereaved by suicide we will endeavour to support them in school and use external agencies. See Cruse [Supporting children bereaved by suicide](#) for details.

Parents

It can be difficult to find out that someone you care about has thoughts/intentions of suicide. As a parent/carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs is support from you. They need you to stay calm and listen to them.

Try to:

- Keep an open mind;
- Make the time to listen;
- Help them find different ways of coping;
- Go with them to get the right kind of help as quickly as possible.

Some people you can contact for help, advice and support are:

- Your family doctor;
- Local/national services;

If a parent is concerned about their child, please let school know immediately:

Pupils

There are lots of people you can talk to about what you are going through. It is important to tell someone you trust and feel comfortable with, as they will be able to help and support you. You could talk to:

- friends;
- family;
- someone at school, such as your Form Tutor or a member of the Pastoral Team;
- your GP or healthcare professionals such as a counsellor or nurse;
- charities and helplines

There are no rules about how you should tell someone. The most important thing is that you feel comfortable and trust the person you decide to tell. Set time aside to talk to them. Remember you can set the pace and it is up to you how much you want to tell them.

If you find speaking about it too difficult, you can tell someone in writing or in an email. You can even ask a friend to speak to a trusted adult on your behalf. Let them know you need help with how you are feeling.

If you're worried that when you tell someone they won't understand, or if you have experienced this, suggest they talk to an expert in the field to try to understand more about suicide ideation. Don't let the fear of a bad reaction put you off seeking the help you need and deserve. As hard as it is to tell someone, sharing will take the pressure off you and help you get the right support and help available.

If you have concerns about another student, please prioritise their wellbeing and safety over your friendship, hard as that may be. They may be angry for a while, but getting help and support for them is much more important and friendships can be rebuilt.

MONITORING, EVALUATION AND REVIEW

The DSL will ensure this policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and that processes are updated in line with best practice and that on-going training is undertaken when necessary.

The DSL will also ensure this policy is available to parents, pupils and staff.

SUICIDE SAFETY PLAN



PAPYRUS
PREVENTION OF YOUNG SUICIDE

SUICIDE SAFETY PLAN

When thoughts of suicide are overwhelming, staying safe for even 5-10 minutes takes a great deal of strength. This plan is to use during those times. It isn't a plan for how to rid yourself of thoughts of suicide, it looks at staying safe **right now** so that you still have the chance to fight another day and access support for whatever is impacting on those thoughts overall. These thoughts and feelings can change, it doesn't mean you will feel like this forever. Let's concentrate on what you can do **right now**.

Why do I want to stay safe?

What are the reasons I don't want to die today? Are there people or animals that make me want to stay safe? Do I have hope that things might change? Am I afraid of dying? Do I want to stay alive just for right now?

Making my environment safer:

Whilst I am focusing on safety, how can I make it harder to act on any plans I might have for suicide? Where can I put things I could use to harm myself so they are harder to get to if I feel overwhelmed?

This doesn't mean having to get rid of them forever. It is because I am looking at staying safe right now. If these things make it harder for me to do this, I want to make it harder to use them. This will give me time to connect to that part of me that doesn't want to die.

What might make it harder for me to stay safe right now and what can I do about this?

Do I use any drugs, alcohol or medication to cope? These can make it harder to stay safe if they make me more impulsive or lower my mood. What can I do to make these safe?

If I have acted on thoughts of suicide before, what makes it harder to stay safe that I might need to consider while staying safe today?

Do I have any mental health concerns or symptoms that make it harder to stay safe? How can I help with these?

What strengths do I have that I can use to keep myself safe?

What strengths do I have as a person and how might this keep me safe? What do people who care about me say about this? Am I creative? Determined? Caring? Do I have faith or any positive statement I use for inspiration? How can I use this in my plan to stay safe right now?

Who can I reach out to for help?

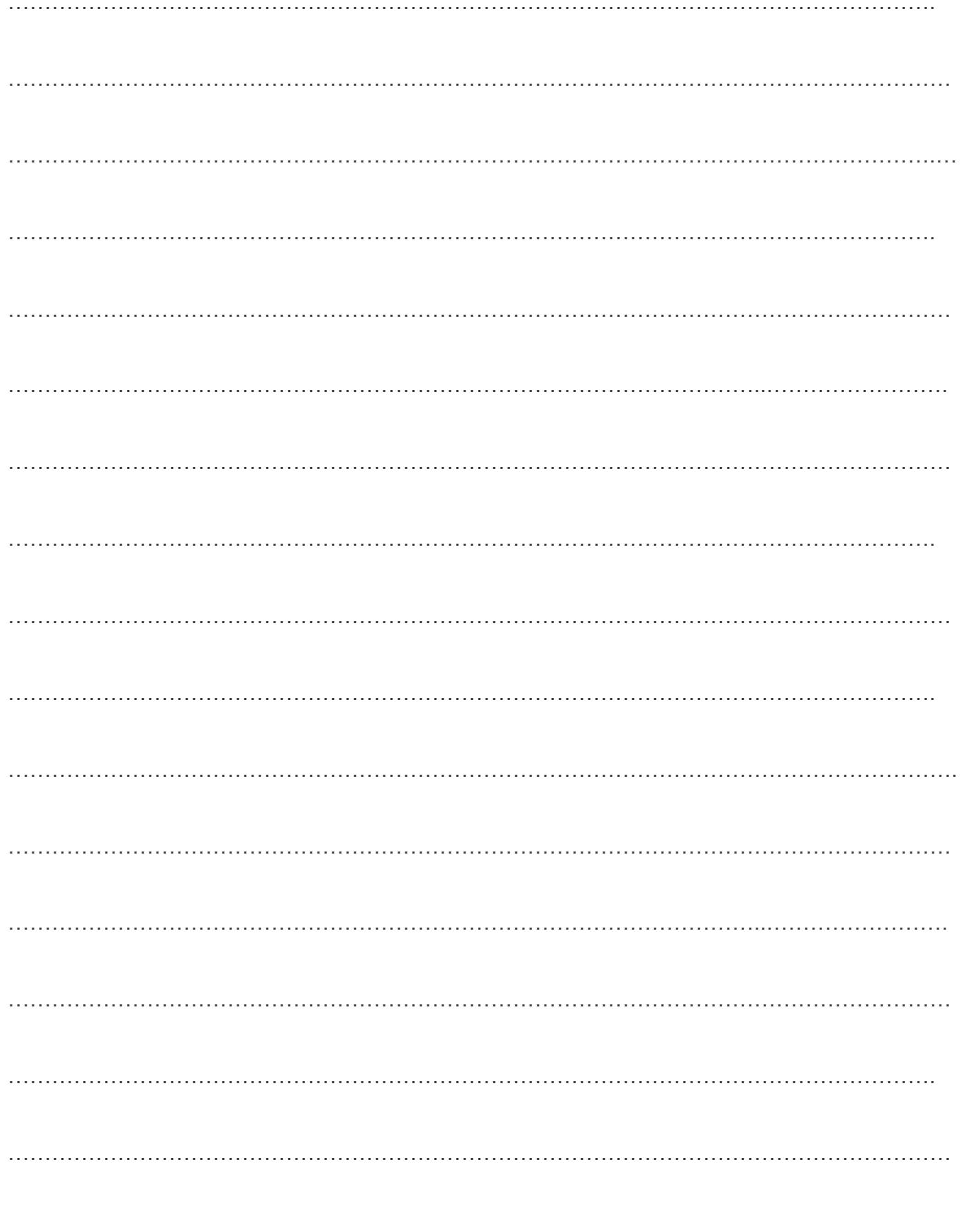
If I can't stay safe, who is available to help me? Who has helped me in the past? What helplines or emergency contacts can I use?

- 101 or 999 for emergency support
- NHS 111 for medical advice
- HOPELINE247: 0800 068 4141

Long-term support plan:

After staying safe-for-now from suicide, what longer term support do I want? How might I access this? What do I need to change for my thoughts of suicide to change? Where might I start to get help with this?

- **Talk to my GP**



HOPELINE247

If you are thinking about suicide or are concerned about a young person who may be, you can contact HOPELINE247 for confidential support and practical advice.



Call: **0800 068 4141**

Text: **88247**

Email: **pat@papyrus-uk.org**

www.papyrus-uk.org

Our Suicide Prevention Advisers
are ready to support you.



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Registered Charity Number: 1070896
OSCR Registered Charity Number: SCO52556