



PARTNER OF THE EVERYONE MATTERS SCHOOLS TRUST

Suicide Safer Policy

Rainford High School



Policy Owner	Principal
Scope of the Policy	Rainford High
Last reviewed by trustees	September 2026
Next review due	September 2027
Summary of key changes	No changes



1. STATEMENT OF PURPOSE

- 1.1 Everyone Matters Schools Trust community 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.
- 1.2 We want to make sure that pupils at our school or college are as suicide-safe as possible and that our trustees, parents and carers, teaching staff, support staff, pupils and other key stakeholders are aware of our commitment to be a Suicide-Safer school or college

2. OUR BELIEFS ABOUT SUICIDE AND CONTRIBUTORY FACTORS

- 2.1 This school or college acknowledges that:

- 2.1.1 Suicidal thoughts are common

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

- 2.1.2 Suicide is complex

- We believe that 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. However, we believe that there are lessons that may be learned from each death that may help prevent future deaths

- 2.1.3 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. Everyone Matters Schools Trust is dedicated to tackling suicide stigma. In our language and in our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos.

- 2.1.4 Suicide is everyone's business

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

- 2.1.5 Safety is very important

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

- 2.1.6 Suicide is a difficult thing to talk about

- We know that a pupil who is suicidal may find it very difficult to make their feelings known and speak openly about suicide. We have mental health first aiders who are available to support students who having thoughts around safeguarding and they will respond in line with the safeguarding procedures.

2.1.7 Talking about suicide does not create or increase risk

2.1.8 Those with personal experience have a unique role to play in the development and refinement of this Suicide-Safer Policy

2.2 We will endeavour to involve anyone from our community who has personal experience of suicide, either having struggled themselves or supported someone with thoughts of suicide.

3. HOW WE HELP ENSURE AN ACTIVE PERSON-CENTRED SUICIDE PREVENTION AND INTERVENTION POLICY

3.1 Everyone Matters Schools Trust has a named individual who is responsible for the design, implementation and maintenance of this policy. This is the Designated Safeguarding Lead.

3.2 Our school or college has a Safeguarding Team whose members understand this policy and are trained in mental health first aid and safeguarding trained. These staff are on duty throughout the school day. The Suicide Intervention Team will be the point of escalation for any concerns about a pupil or young person. The Safeguarding team will keep confidential records of pupils at risk of suicide to ensure some continuity of care within the intervention model.

3.3 The Safeguarding Team have completed a Papyrus suicide prevention course in summer 2021.

3.4 We will endeavour to ensure that all our 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 Safeguarding Team

3.5 We will ensure that all pupils are suicide aware. This means that we will ensure there is an annual programme of awareness-raising events and campaigns that equip our pupils to know how to spot signs, what to do and how to escalate any concerns to the Safeguarding Team.

3.6 We will regularly attend the designated safeguarding network meetings in the local authority. This ensures that our suicide prevention work is integral to that in our wider community. It can also help identify and address possible patterns of imitative suicidal behaviours across the wider community.

3.7 We will be clear about how we enhance 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.

3.8 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 pupils over 18 for permission to share any serious concerns for their welfare with an emergency contact of their choice.

3.9 Should any pupil who is known to have suffered from suicidal thoughts leave school or college unexpectedly for whatever reason, we will endeavour to inform their emergency contact of their vulnerable state. We will also inform the Police if we feel they are likely to come to harm.

- 3.10 We recognise that pupils may experience periods of poor mental health while attending our school or college. We will endeavour to put in place mechanisms which allow staff that have regular interaction with the pupil to be able to flag or review any concerns about individual pupils including suspected suicidal thoughts. This will be carried out verbally and recorded on CPOMS. Students that are flagged in this way will be reviewed regularly and routinely by nominated staff so that patterns of concerning behaviour can be spotted and the necessary steps can be put in place to keep them safe, including meeting them face to face.
- 3.11 When we identify a pupil at risk of suicide and decide to engage external services, such as a hospital A&E department or a crisis centre, we will follow their guidelines on the pathways that apply. Those guidelines will be developed in co-operation with the external services, and will be reviewed regularly as the provision of such services change over time. For example, the local well-being offer.
- 3.12 We recognise that some pupils may relocate to the school community when they join us but that they will still spend long periods of the year at home due to various reasons. We will look at ways we can help make the medical support they need (medication, counselling) consistent so that the pupil has a continuity of care.
- 3.13 We will develop a 'Helpers in the Community' document (see template Appendix A). This will inform and equip our community about help that is available locally and nationally to support someone who is experiencing poor mental health and emotional wellbeing.

4. WHAT SUPPORT WE CAN PROVIDE TO PUPILS WHO IS HAVING THOUGHTS OF SUICIDE

- 4.1 When we have identified a student who is having thoughts of suicide we will offer the support. The support will be planned on a case by case basis to support the individual needs of the pupil.
- 4.2 The type of support we have available is:
- Emergency referral to the ambulance service if we feel the pupil is at risk of harm
 - Contacting parents
 - Referral to CAMHS
 - Referral to the emotional well-being team at Rainford, which is made up of a Banardos counsellor and a counsellor from the ADHD Foundation
 - Meeting with a mental health first aider
 - Development of a crisis plan
 - Review of timetable and curriculum
 - Allocated a key worker
 - Allocate time in the Everyone Succeeds Centre
 - Offer of a multi-agency plan to involve other agencies, such as the youth service
 - Referral to statutory services, such as childrens services for additional support
 - In an emergency situation where a child leaves site we will involve the Police to help keep the pupil safe
 - Review the route of the pupils day and plan to ease triggers

- Offer of CBT therapy from in school counselling (although if CAMHS become involved we will not be able to run this as it may clash with the work of CAMHS)
- Referral to the school nurse for emotional well-being support
- A listening ear for parents to support them through the challenging time
- Encouragement to engage in self-help strategies, such as exercise and extracurricular activities
- Aspirations support
- Mentoring from a school coach
- Support from the vulnerable students' team

This is not an exhaustive list, it is a list of examples of support. All support is considered on a case by case basis.

5. HOW WE HELP ENSURE A SENSITIVE AND SAFE SUICIDE POSTVENTION PROVISION

- 5.1 Our school or college has a Suicide Postvention Team whose role it is to respond in the event of a suicide. Each member of our Suicide Posttension Team will have a defined responsibility within our plan including leadership, family liaison and any communications with external agencies, including the media.
- 5.2 We will be clear about how we deal with an inquest after someone has died by suicide in our school or college. We will support the authorities in their work 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.
- 5.3 We will record and monitor deaths by suicide and the impact on the community. This will include on-going monitoring of pupil deaths including suicides, suspected suicides and, if possible, self-harm. Monitoring of self-harm might be done through the collection of information from student support services and student health services.
- 5.4 We will also consider
 - Recording and monitoring the uptake of bereavement support services by pupils after a suicide
 - Surveying pupils regarding how supported they feel
 - Assessing the impact of interventions on staff
 - Reviewing lessons learned and any suggested changes to procedures and provision of well-being services
 - Identification of multiple events, such as two suicides in a relatively short period of time (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 their occurrence can nonetheless have consequences. For example, in some vulnerable individuals it may contribute 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

6. ONGOING SUPPORT AND DEVELOPMENT OF OUR POLICY AND PRACTICE

- 6.1 Our Leadership Team will ensure that ongoing reviews take place that processes are updated in line with best practice and that on-going training is undertaken when necessary.
- 6.2 Where possible we will include or consult with members of our community who have personal experience of suicidal ideation, either their own or as a concerned other, in the design, development and continuous refinement of this policy.
- 6.3 We will refresh and update our 'Helpers in the Community' document on an annual basis and we will share it across our community as part of our regular suicide awareness raising campaigns.

7. STAFF SUPPORT

- 7.1 Dealing with the issues addressed in this policy can be emotionally challenging for staff members. Staff will always have a debrief with a senior member of the safeguarding team and/or a senior member of staff so that they can reflect on the situation and discuss how what support they may need.
- 7.2 Staff members in the team have supervision sessions once per half term formally and they have access to supervision when needed following incidents.
- 7.3 Each pastoral leader is buddied with a senior member of the pastoral and safeguarding team.

Annex A – HELPERS IN THE COMMUNITY



Helpers in the community



24 hours a day, 7 days a week

Police/Ambulance/Fire Emergencies: 999

Samaritans: 116 123

Childline: 0800 1111

NHS Direct – 111

Suicide Prevention

Papyrus [Hopeline UK](https://www.papyrus-uk.org/) – Suicide Prevention: 0800 068 4141

Text: 07786 209 697

Email: pat@papyrus.uk.org

Child Support Services

Child and Adolescent Mental Health Service: 01925 579 405

Young Minds: 0808 802 5544 Text: YM to 85258

Child Action North West: 01254 244700

Family Support Services: 020 7254 6251

NSPCC – Child Abuse: 0808 800 5000

Text SHOUT: 85258

Mind: 0300 123 3393

Bereavement Services

Child Bereavement UK: 0800 02 888 40

Winston's Wish: 08088 020 021

Health Services

Beat – Eating Disorders: 0808 801 0667

Brook – Sexual Health Charity: 0151 207 4000

NHS Sexual Health Clinic: 01744 646473

Frank – Alcohol and Substance Misuse: 0300 123 6600

Local/National Services

Citizens Advice: 0800 144 8848

Carers UK: 0808 808 7777

Domestic Violence Hotline: 0808 2000 247

Rape Crisis: 0808 802 9999

LGBT Foundation – Sexuality Support: 0345 330 30 30

National Autistic Society: 0808 800 4104

ADHD Foundation: 0151 541 9020

National [Debtline](https://www.debtline.org.uk/): 0808 808 4000

Homelessness Emergency: 020 7367 4500