

## Let's Talk:

# Reducing the Risk of Suicide

Promoting positive emotional wellbeing  
and reducing the risk of suicidal thoughts  
and actions in Children and Young People

Guidance for Educational Settings  
February 2021

*(This resource may also be used by any professional  
working with Children and Young People)*

## **If you are responding to an emergency**

If you are looking for urgent assistance with a **critical incident** (e.g. completed suicide or sudden death) please go to: Please go to [Essex Schools InfoLink Critical Incidents page](#)

## **Response to a serious incident**

If a child or young person (CYP) needs urgent medical attention, please call 999 or take them to the closest A&E department.

Settings may contact EWMHS through the [Single Point of Access](#) and there is a duty clinician available between 9.00am – 5.00pm on 0300 300 1600 or Crisis Support and Out of Hours Switchboard on 0300 555 1201 (this is accessible 24/7, 365 days a year). If a CYP is already open to EWMHS, the professional can be directed to the CYP's care co-ordinator. When contacting EWMHS, please ensure you have relevant and appropriate information to hand, as they cannot respond effectively without this.

Where there are significant concerns about a CYP or where serious incidents have already occurred, it would be helpful to compile a Risk Management Plan (see Appendix A).

## **Response to a sudden death / completed suicide**

In the very sad event that a CYP (or other member of the setting community) dies from suicide, the setting should implement its Critical Incident Management Plan (CIMP). You should also contact the Schools Communications Team on either 033301 39880 (available 9am-4pm).

If you require media / press office support, the Press Office out of hours number is available, but should only be used for urgent media enquiries: 07717 867525.

- [Guidance for Schools informing ECC in the event of a critical incident \(.pdf\)](#)
- [Schools process to report an Incident](#)

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## **Section 1: Let's Talk: Suicide**

### **Why we need to talk about suicide**

The World Health Organisation (2019) reported that globally, close to 800,000 people die by suicide every year and nearly one third of all suicides occur among young people. The World Health Organisation (2019) states that suicide is the third leading cause of death among 15–19-year-olds. In addition, it is estimated that for each person who dies by suicide, more than 20 others attempt suicide. Young Minds (2018) reported that the number of teenage suicides in England and Wales have increased by 67% between 2010 and 2017. Papyrus (2020) also report that over 200 schoolchildren are lost to suicide every year in the UK.

The DfE and DoH have generated a number of documents such as Mental Health and Behaviour in school (DfE 2018), Children and Young People's Mental Health - the role of education (DfE & DoH 2017) and Transforming Children and Young People's Mental Health Provision Green Paper (DfE & DoH 2018) to support educational settings face these challenges and find increasingly effective ways of supporting and improving the emotional wellbeing and mental health of children and young people (CYP), reducing the risks of suicide.

The government's strategy document 'Preventing suicide in England, a cross-government outcomes strategy to save lives' (HMG, 2012, 2019) sets out its objectives to reduce the suicide rate in the general population in England; and to provide better support for those bereaved or affected by suicide. It identified groups for whom a tailored approach to their mental health was necessary if their suicide risk was to be reduced. These included:

- CYP, including those who are vulnerable such as looked after children, care leavers and CYP in the youth justice system;
- Survivors of abuse or violence, including sexual abuse;
- People living with long-term physical health conditions;
- People with untreated depression;
- People who are especially vulnerable due to social and economic circumstances;
- People who misuse drugs or alcohol;
- Lesbian, gay, bisexual and transgender people;
- Black, Asian and minority ethnic groups and asylum seekers
- Those engaging in means of self-injury

The document specified that CYP had an important place in the strategy, as did schools, social care, the youth justice system and charities. It highlighted problems such as bullying, low body image and lack of self-esteem and self-injury as risk factors. It stated that an inclusive society that avoids the marginalisation of individuals and which supports people at times of personal crisis will help to prevent suicides.

The strategy was reviewed and HMG produced its document ‘Preventing suicide in England: One year on, first annual report on the cross-government outcomes strategy to save lives’ (HMG, 2014). This document set out that settings and colleges in conjunction with commissioners of mental health services had a key role to play in promoting good mental health for all CYP and in intervening early when problems become apparent.

Guidance from the DfE [Mental Health and Behaviour in Schools](#) (DfE 2018) states what settings can do. This includes support for all CYP, those showing early signs of stress/distress or with families exposed to several risk factors and to intervene early and strengthen resilience, before serious mental health problems occur. A range of risk and protective factors can be found on page 14 (Mental Health and Behaviour in Schools, 2018).

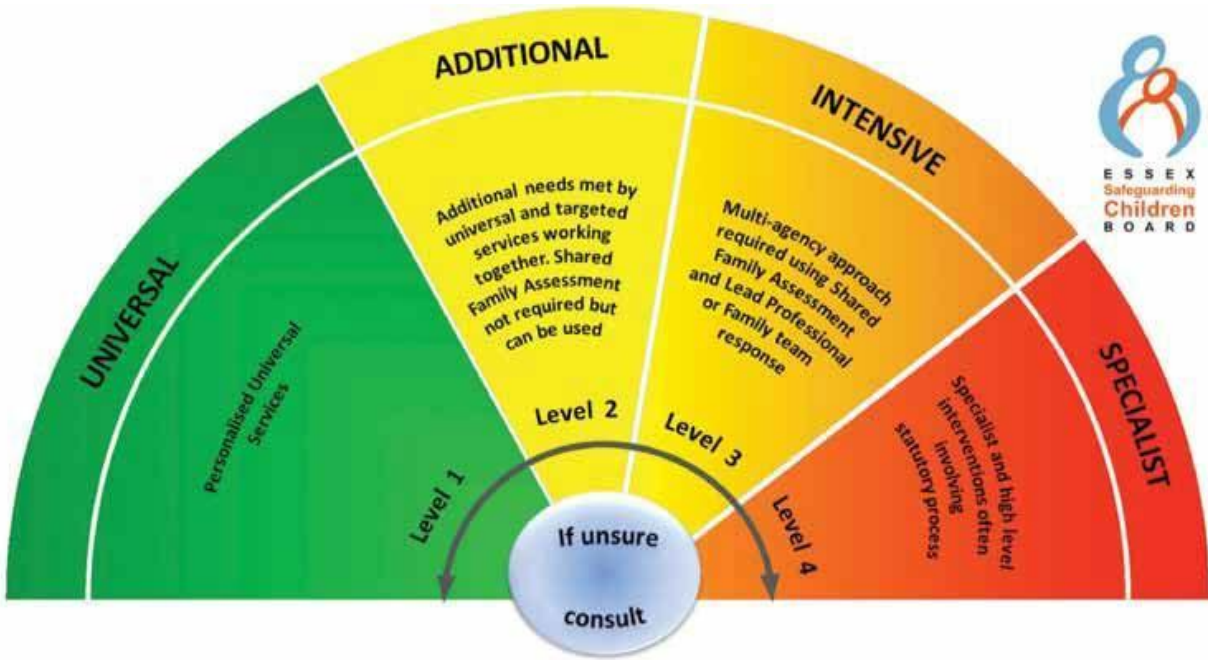
Furthermore [Keeping Children Safe in Education](#) (DfE 2020) strengthened setting responsibilities around mental health and wellbeing and clearly links it to their existing safeguarding duties (page 11).

In Essex the Emotional Wellbeing and Mental Health Strategic Board has strategic overview of the emotional wellbeing and mental health of CYP in Essex, whilst the All Age Suicide Prevention Steering Group considers whole population risk factors, indicators and support for the County.

This multi-agency guidance has been produced by Essex County Council in conjunction with other partners to support settings in promoting positive emotional wellbeing and mental health and to reduce the risk of suicide in CYP. It has undergone consultation with CYP and other professionals.

**Essex Support Context**

The Essex Effective Support Windscreen:



Safeguarding and promoting the welfare of CYP is the responsibility of everyone in Essex who works or has contact with CYP and their families. Partners and professionals who work with

CYP and their families should consult one another, share information and work together to ensure that the child and their family get the most appropriate and effective support.

*From [Effective Support for CYP and Families in Essex \(ESCB, 2017\)](#)*

The Essex Safeguarding CYP Board (ESCB) is a statutory multi agency organisation which brings together agencies who work to safeguard and promote the welfare of CYP in Essex. It continues to have a focus on reducing suicide and promoting the positive mental health and wellbeing of CYP.

Please note: EWMHs is a 'pan' Essex service covering Southend, Thurrock and Essex. The services responsible for a child and young person's care is based on the location of their GP address. Procedures and protocols fall within the services covering this GP address, rather than their educational setting or home address.

### **Reducing stigma through better language**

Language used around emotional wellbeing and mental health is complex and ever evolving. It is important that Essex, as a community, demonstrates best practice in the ways in which we talk about sensitive topics and communicate with CYP and families. In this guidance the terms 'self-injury' is used in place of 'self-harm'. Self-injury refers to actions which are used as a coping strategy by an individual to manage their emotions, rather than an attempt to end their life. In addition, 'attempted suicide' has been replaced by 'incomplete suicide', to reduce the historical stigma associated with 'committing', 'attempting' and 'failing' suicide.

It's important for settings to talk openly, sensitively and respectfully about suicide. By creating a culture where it is safe to talk about suicide, we can enable CYP to identify the warning signs and seek support without experiencing judgment or fearing stigma. Settings should display posters with preventative messages and helplines/support, alongside wellbeing display boards in key locations which CYP commonly use. It is a common misconception that talking about suicide might put the ideas in a CYP's head, however the research tells us that talking about suicide does not increase the risk. Education and awareness could save someone's life by ensuring they access the support they need earlier. Examples of posters can be found here:

- [Samaritans](#)
- [Young Minds](#)
- [NSPCC](#)
- [Papyrus \(Hopeline\)](#)
- [Anna Freud Crisis Text Line](#)

Addressing issues associated with mental health can be hindered by the stigma attached to it. This stigma may prevent CYP from seeking help as they may fear they will be judged, dismissed as attention seeking or that people will think there is something wrong with them or that they are 'weird'.

Stigma surrounding suicide may also prevent adults such as parents, carers, teachers and other professionals from talking with CYP about suicide for fear it may increase the likelihood of suicidal behaviour, but this is not the case. Talking about suicide will not increase the possibility of suicide and can actually help to reduce it.

Settings have a key role to play in challenging and tackling stigma. Tackling stigma can begin with planned and regular mental health and wellbeing education in settings. This may be through

[Relationships and sex education \(RSE\) and health education](#) (statutory from September 2020), but also through other opportunities within the curriculum to be most effective.

Example scripts that can be used in settings:

- *“It sounds as though things are really hard at the moment... Can you tell me a bit more?”*
- *“Take your time and tell me what’s happening for you at the moment.”*
- *“I am so sorry you’re feeling this way. Can you tell me more about how you are feeling?”*
- *“Do you want to draw something to show me how you are feeling?”*
- *“Things must be so painful for you to feel like there is no way out. I am here with you and I want to listen and help.”*
- *“It’s not uncommon to have thoughts like this. With help and support many people work through these feelings and stay safe.”*

Remember:

- If a CYP indicates that they have been thinking about suicide, listen and allow them to express their feelings. They will likely feel a huge sense of relief that someone is willing to hear their darkest thoughts without judgement.
- Reassure them that they are not alone and you can look for support together.
- Let the CYP know that there is help and hope. When young children talk about serious harm to themselves, it is often a way of them communicating serious distress.
- The CYP is likely to need time, a quiet space and the promise of checking in with them again soon (provide a time scale).

<b><u>DO</u> say phrases like:</b>	<b><u>AVOID</u> saying phrases like:</b>
<ul style="list-style-type: none"> <li>✓ Ended their life, took their own life</li> <li>✓ Died by suicide, killed themselves</li> <li>✓ Sudden and unexpected death (particularly if the death has not been named officially as a death by suicide)</li> <li>✓ Attempted to take their own life</li> <li>✓ Engaged in suicide behaviours</li> </ul>	<ul style="list-style-type: none"> <li>✗ Committed suicide (no longer a criminal offence)</li> <li>✗ Successful/Unsuccessful/failed suicide</li> <li>✗ It’s not that serious</li> <li>✗ It was just a cry for help</li> <li>✗ They were attention-seeking</li> </ul>
<p><b>When being curious and asking about suicide, you can say:</b></p> <ul style="list-style-type: none"> <li>✓ When you say you don’t want to be here anymore, do you mean that you want to be dead forever?</li> <li>✓ Are you thinking about suicide? Do you have any plans to seriously harm yourself?</li> <li>✓ It’s good for you to talk about this.</li> <li>✓ I am hearing that you are feeling really overwhelmed right now</li> </ul>	<p><b>When being curious and asking about suicide, don’t say:</b></p> <ul style="list-style-type: none"> <li>✗ You’re not thinking of doing something stupid/silly are you?</li> <li>✗ That you promise to keep this to yourself</li> </ul>

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>✓ Suicide means hurting ourselves on purpose so we die and are dead forever, is that what you are thinking about?</li><li>✓ Thank you for sharing this with me</li><li>✓ There's always hope, feelings can change</li></ul> |  |
|---|--|

Taken from Papyrus' Building Suicide Safer Schools and Colleges booklet (2018)

In order for the impact of this to be maximised, continued support and training for teaching and support staff (including all members of staff interacting with CYP) is paramount. Training should aim to raise the confidence of staff to have conversations with pupils about emotional wellbeing, mental health and issues such as self-injury and suicide. Research and training promote the need to ask direct clarification questions about suicidal ideation and planning (Youth Mental Health First Aid 2016). Training such as [Youth Mental Health First Aid](#) (course are often hosted by Essex services) and [Zero Suicide Alliance](#) (free, online) provides guidance to develop staff confidence in having these conversations. [MindED](#) also provide staff training in issues of mental health.

**Self-Assessment Check:**

- ✓ How do you gather pupil voice for topics related to emotional wellbeing and mental health?
- ✓ How confident are your staff in talking about mental health topics such as suicide?
- ✓ When talking about emotional wellbeing, mental health and suicide, what language are your staff using?
- ✓ How has suicide affected your setting community?



## **Section 2: Whole Educational Settings Approach**

### **How to promote positive mental health and resilience in settings**

Positive mental health is the concern of the whole community and settings play a key part in this. When considering reducing risk of suicide, settings should consider the ways in which they can promote the development of good mental health and emotional wellbeing for all its CYP and staff.

There should be a whole setting approach to positive mental health and emotional wellbeing embracing mindsets, policies and practice which promote the emotional wellbeing and resilience of all CYP and staff. In order to achieve this, settings need a clear vision and plan. [Trauma Perceptive Practice \(TPP\)](#), the Essex approach to understanding behaviour and supporting emotional wellbeing, is the local authority's universal training offer that provides settings with the knowledge and understanding to achieve this. It is a comprehensive training package, developed by Essex County Council. From January 2020 it was made freely available to all settings across Essex to facilitate a consistent, high quality and reflective approach for all staff supporting CYP. By embedding the values and mindset of TPP in the practice and policies of our settings, we can ensure that all staff are trauma aware and can provide our CYP with an experience that encompasses compassion and kindness, hope, connection and belonging.

The whole setting community should have a shared understanding of what constitutes good mental health. Governors and senior leaders are crucial in building and sustaining a culture and ethos of an emotionally healthy setting which is a safe environment for its CYP and staff. Poor mental health undermines educational attainment and settings with healthy cultures are more likely to create effective learning environments.

Resilience is the ability to adapt to and manage situations of stress and adversity and to be able to recover from these experiences. It is fluid and dependent on various risk and protective factors which are present at any one time and impact upon individuals' vulnerabilities. The more risk factors present in a person's life, the more protective factors or supportive interventions need to be in place to counterbalance and promote further growth of resilience. This develops through gradual exposure to difficulties at a manageable level of intensity and can be fostered and grown through the connectedness that is experienced within relationships we have with others around us.

The decision to create and offer Trauma Perceptive Practice (TPP) has been driven by a range of research, legislation and guidance, some of which is listed below:

- [Keeping Children Safe in Education \(DfE 2020\)](#) is statutory guidance for schools which requires them to identify CYP in need of additional support and to ensure CYP and families receive the right help at the right time.
- Katherine Weare undertook research on: [What works in promoting social and emotional well-being and responding to mental health problems in schools?](#) (Weare, 2015). Following this, The National CYP's Bureau developed [A whole school framework for emotional well-being and mental health](#) (NCB, Stirling and Emery 2016). It refers to a 'four-stage' approach to wellbeing and mental health across the settings and offers specific advice to settings on this.
- Another useful framework is the ['Building Suicide-Safer Schools and Colleges'](#) toolkit produced by Papyrus. This is a guide for teachers and staff and contains advice on prevention / intervention and postvention work around suicide.

- In Essex, there is also the [Essex Healthy Schools Programme](#) to support schools/settings help their CYP to grow healthily, safely and responsibly and to recognise and share good practice.
- Another useful resource for schools is the [Emotional Wellbeing and Mental Health Information Portal for Schools](#) – this provides a range of resources to help schools support their CYP.

### **Examples of interventions and provision**

- **Individualised planning** - use Person Centred Planning approaches/tools (known as 'One Planning' in Essex) to find out what is important to and for the CYP. This is a plan that is coproduced with the family. Personalised plans may include: an adapted timetable (building on strengths of the young person); allocation of time for accessing supportive activities to further promote positive mental health and wellbeing; ideas and changes to take account of the social and emotional needs of the CYP across a day and consideration should be given to any issues that are of concern/ worry/ stress to the CYP with strategies to support them. These plans should be underpinned by an appropriate risk assessment which is regularly reviewed and updated.
- **Engaging with the CYPs Family** – It is important for parents/carers to play an active role in supporting their child's emotional wellbeing and mental health. Settings should consider how to support parents/carers to engage around the wellbeing agenda and be able to signpost them to appropriate resources and guidance to assist this.
- Identifying a **key additional adult figure in setting** (for example mentor, Head of Year, learning support assistant, pastoral member of staff) ideally someone identified by the CYP. The member of staff selected should be someone with an appropriate understanding of safeguarding and confidentiality issues, who is able to establish trusting relationships with CYP and understand the systems in their setting for supporting emotional wellbeing and mental health. Louise Bomber's book 'Inside I'm hurting' (ISBN: 9781903269114 2004) outlines some preferable personal qualities of people taking on this kind of role and is a good resource for adults in their setting to read when developing relationships with CYP who may find it difficult to trust an adult. Being a key person to someone can be an emotionally demanding role and so systems in the setting should also support the supervision and care of adults taking on the role of key additional adult figure in the setting.
- **Train support staff with a focus on supporting emotional wellbeing / mental health**, roles (depending on training received). This role may be termed 'emotional first aider' 'wellbeing worker' or 'ELSA' (Emotional Literacy Support Assistant). These adults may take on the role of a key adult for CYP and, if so, will require supervision for the work they undertake.
- **Identify CYP to take on role of peer support** / peer listeners / peer mentors / mental health or emotional wellbeing champions and so on. Good systems of support and supervision is required to ensure that the CYP develop their skills in listening to others and promote good practice in terms of how to meet emotional needs are supported themselves and that they understand how to refer peers to adults where appropriate. Pupils have told us that they are more likely to speak to someone of a similar age than an adult.

- **Create opportunities to develop resilience** - Mostly, resilience is developed and grown through the supportive relationships of people we already have in our lives such as friends and family or members of staff in settings. However, for some CYP will require the experiences that will foster and develop their levels of resilience. settings and families can access the Resilience Framework for further guidance, information and advice. [Resilience Framework](#)
- **Nurture Groups**. Doctoral research carried out recently within the Essex LA (Educational Psychology service) investigated how Secondary Schools in Essex are making use of Nurture Group interventions and how staff understood the psychological underpinnings of this approach. There is no one model for Secondary Schools currently, but the research did highlight good practice in schools and identified some themes that schools might wish to consider when developing nurture group approaches. Some Primary Schools in Essex also have established Nurture Groups or found ways of embedding the principles of nurture and attachment theory within their classrooms.
- **Informal support groups or safe spaces in settings** – these may operate as drop in sessions during lunch times and breaks, for pupils who may feel more vulnerable within the larger and unstructured times of day to interact with a smaller group of people and perhaps with opportunities for more structured activities such as board games or access to computer equipment
- **Relaxation in settings, mindfulness approaches** - [www.relaxkids.com](http://www.relaxkids.com) has resources for schools/settings and families to use for CYP of all ages, from pre-school CYP to teenagers. For Secondary School students there are CDs designed to aid exam stress for example. Mindfulness is a way of life, a philosophical approach. If setting wish to utilise some of the ideas of mindfulness, such as stopping, focusing on the here and now and just 'being' in the current moment; there are Mindfulness in Schools websites such as [www.mindfulnessinschools.org](http://www.mindfulnessinschools.org), offering information and training. However, any undertaking of mindfulness should be within an environment where adults in the setting are regularly practicing mindfulness approaches in their own everyday life as well as within the setting.

*Note* - When undertaking relaxation activities in settings, ensure that adults have received some training in the psychology of relaxation so that they are able to support CYP who may find it very difficult to relax and allow their survival systems (or 'fight or flight' systems) to be lowered – relaxation sessions can be a time when CYP may feel very vulnerable and unable to for example close their eyes to join in with a guided visualisation. Behaviour such as giggling or keeping eyes open should be acknowledged and understood as indications of such vulnerability and not interpreted as 'misbehaviour'. It will take time for CYP who may have spent many years in a highly aroused or hyperactive state to learn what it feels like to relax their muscles and body. Progressive Muscle Relaxation activities can helpful to teach awareness and control of the differences between tense and relaxed muscles.

### **How to respond to a CYP when they have expressed concerns about their wellbeing**

[ChildLine Annual Review \(2018/2019\)](#) reported that 45% of all ChildLine counselling sessions related to emotional health and wellbeing. The top three concerns young people spoke about were about mental and emotional health (including low self-esteem, lack of confidence, anxiety, feelings sad, low mood, loneliness, loss and bereavement), family relationships (conflict and

parental divorce/separation) and suicidal thoughts and feelings or actively suicidal. [The NSPCC How safe are our children \(2020\)](#) reports that *'the indicators show that adolescence is a time of heightened risk of some forms of harm, and emerging evidence suggests some risks may have been exacerbated by the Coronavirus-19 pandemic'* (p.5). The report stated that there were 16 suicides of 10- to 14-year-olds and 2471 suicides of 15- to 19-year-olds registered in the UK in 2018. This equated to a five-year annual average rate of 3.3 per million 10- to 14-year-olds and 56.3 per million 15- to 19-year-olds. The five-year annual average suicide rates among 15- to 19-year-olds in England and Wales have started to increase.

We know that CYP tend to tell a friend when they are experiencing difficulties in their lives. It is therefore important for settings to teach pupils how to support their peers with their wellbeing and where to report a concern if they have one about a friend/peer.

Settings can support pupils in these situations by encouraging them to try things like:

- Active listening skills; settings could provide information and training sessions similar to that given within Peer Mentoring or Peer Listening Schemes. The [Anna Freud Centre](#) and [Mind](#) both provides a useful resource for developing peer mentoring. Ensure access to listening adults for those CYP who find themselves listening to others regularly.
- Encouraging their friend to seek professional help and to know where to access support information (e.g. via leaflets or online support areas: settings could provide these or display them clearly around the setting).
- Feedback to their friend about positive things in their life and their strengths; encouraging them to talk about how they have managed difficulties in the past and think about what has helped before.
- Encouraging their friend to join them in activities that contribute to them both feeling good, such as going out for walks; play sports; going to the cinema or other outing or fun activity.

Where settings use a peer mentoring approach, CYP can use the model 'Ask, Listen, Support' when talking to their peers. Here are some example scripts to teach CYP to use when talking to their peers about mental health:

- ✓ Ask:  
*'You haven't seemed yourself lately – is everything OK?'*  
*'I've noticed that you're not going out much with us at the moment, what's going on?'*  
*'Would you like to talk with me about what's happened?'*  
*'I'm worried about you; you know you can talk to me if you ever need to.'*
- ✓ Listen:  
*'Just take your time, there is no rush. I know talking about this can be difficult.'*  
*'If you want to tell me more, I'm here to listen.'*  
*'I can hear that the last few months have been really terrible for you. Please tell me more about it.'*  
*'How are you feeling about that? How's that affecting you?'*  
*'Can I just check that I have understood you correctly?'*
- ✓ Support  
*'I know it can be hard to talk about this – thanks for trusting me with it.'*  
*'Don't think you have to deal with this on your own. I'm here for you. Things can get*

*better.'*

*'What can I do to support you?'*

*'What have you tried already? Have you thought about getting help?'*

*'I'm really worried about this. Let's speak to an adult because we need to keep you safe.'*

What not to do/say:

- ✗ Don't promise to keep it a secret. It is important to get help.
- ✗ Don't say "I know how you feel". Listen openly to what they have to say. Make it about them.
- ✗ Don't suggest that something is "wrong" with them because they feel this way.
- ✗ Don't ignore your friend. It takes courage to ask for help and they chose you.

It is important for settings to take into account the views of their CYP and to incorporate these into policy and practice. Settings should ensure, wherever possible, that they involve their CYP in the design and review of provisions for supporting emotional wellbeing and positive mental health (such as policies, protocols and interventions).

### **Whole Educational Settings Policies**

Reducing risk of suicide is already well-supported by many policies in settings. These may include the following (although names of policies may vary):

- Child Protection/Safeguarding
- Anti-bullying
- Behaviour and Relationships
- Code of Conduct (staff and pupil)
- Staff Training
- Staff/ CYP Emotional Wellbeing
- Curriculum
- Parents/Carers / Team Around the Family
- SEND / Local Offer
- Social Media (including mobile phone use)
- Online Safety
- Health & Safety
- Security of Premises/ Learning Environment
- Critical Incident Management Plan (CIMP)

#### **Self-Assessment Check:**

- ✓ How does the RSHE curriculum support CYP emotional wellbeing and mental health?
- ✓ Are your SEND policies/practice aligned and complementary to your pastoral policies and practice?
- ✓ Do you have wellbeing policies and Critical Incident Management Plan/Policy? How often are these plans/policies reviewed and rehearsed?
- ✓ How are the plans/policy communicated to your community?
- ✓ Are you engaged/developing Trauma Perceptive Practice (TPP) in your setting?
- ✓ How do you find out what CYP think/feel about emotional wellbeing and mental health in your setting?
- ✓ Who has oversight of peer mentoring and pupil training?
- ✓ What phrases/scripts do you teach CYP to use when responding to their peers about their emotional wellbeing?
- ✓ How do you support the emotional wellbeing of your staff?

## **Section 3: Risk and Protective Factors**

It is unlikely for a one-off event or risk factor to result in suicide. The evidence shows us that suicide more often follows a cumulative series of events or factors, known as 'stacking'. This is when cumulative risk builds and build towards a 'final straw' event. The 'final straw' event may be a relationship breakdown, academic pressures, social media pressures etc, but it is important we understand the 'stacking/final straw event' processes.

A number of factors can cause young people to become vulnerable to suicide. This includes their brain development during adolescence. A typical brain is not fully developed until age 25. This can be delayed further by experiencing stress, distress or trauma. This can lead to increased risk taking and impulsivity (National Child Traumatic Stress Network 2008).

There are sets of risk and protective factors that may be present in someone's life and these factors interact to form feelings, thoughts and actions. The more risk factors present in a person's life, the more protective factors are needed to counterbalance the areas of risk. These factors exist on an individual level, within families and within wider communities.

Suicide by Children and Young People in England (2016) identified ten common risk factors in those children and young people who completed suicide. These were:

- Family factors such as mental illness
- Abuse and neglect
- Bereavement and experience of suicide
- Bullying
- Suicide-related internet use
- Academic pressures, especially related to exams
- Social isolation or withdrawal
- Physical health conditions that may have social impact
- Alcohol and illicit drugs
- Mental ill health, self-injury and suicidal ideation

Please see a wider range of risk and protective factors in appendix B, some of these will now be explored in the subheadings below.

### **How CYP use the digital world**

*“Social media is ever-present in the lives of adolescents, with 70 per cent of 12- to 15-year-olds saying that they have a social media account. Alongside amazing opportunities, social networks open up a wide range of potential harms. The NSPCC defines online abuse as “abuse that is facilitated using internet-connected technology”. It may take place through social media, online games, or other channels of digital communication. Research suggests that online abuse can have as big an impact on young people as abuse that takes place face-to-face”.*

*(NSPCC 2020, p.38)*

The internet has a dual role in the mental health of CYP:

1. The risks and possible complications of using the internet particularly when feeling vulnerable are well documented. Concerns are around social interaction and friendship building, access to inappropriate sites and communities who may either encourage suicidal thoughts or access to methods of self-injury. Cyber bullying can increase a person's unhappiness, loneliness and isolation.

2. Alternatively, the internet can be protective in enabling CYP to access appropriate support. Counselling and listening services are increasingly being accessed via email or online services, particularly at 'out of hours' times such as weekends and at night. Supportive information can be accessed any time of day – particularly useful websites are:

#### **For CYP:**

- [Togetherall](#) (16 Years +) A safe place to support your mental health, 24/7.
- [The CYP's Society/The Resource Vault](#) Advice for young people from young people
- [Epic Friends](#) This site is all about helping you to help your friends who might be struggling to cope emotionally.
- [Kooth](#) is a service that has been commissioned by Southend, Essex and Thurrock CCGs. It is a free, confidential, safe and anonymous way for young people aged 11-25 to ask for help from a team of highly qualified and experienced counsellors and support workers
- [NSPCC](#) Support if you are worried about your own or someone else's emotional wellbeing, mental health and/or safety, including a helpline.
- [Childline](#) Support if you are worried about your own or someone else's emotional wellbeing, mental health and/or safety, including a helpline.
- [Anna Freud: ON MY MIND](#) aims to empower young people to make informed choices about their mental health and wellbeing. These pages have been co-produced by young people to help other young people.
- [Anna Freud: AFC Crisis Text Line](#) If you need support, you can text AFC to 85258.
- [NHS Every Mind Matters](#): NHS advice and guidance for looking after your mental health.

#### **For families:**

- [Anna Freud National Centre for CYP and Families](#) A children's mental health charity with over 60 years' experience of caring for young people and their families.
- [MindEd](#) A free educational resource on children and young people's mental health for all adults.
- [Time to change](#) A campaign to change the way people think and act about mental health problems.
- [Talktofrank.com](#) Honest information about drugs, includes a free confidential helpline.
- [YoungMinds](#) The UK's leading charity fighting for children and young people's mental health.

#### **For settings:**

- [Healthwatch Essex](#) Useful websites, agency advice and information about various key issues.
- [Mentally Healthy Schools](#) A free website for primary schools, offering settings staff information, advice and practical resources to better understand and promote pupils' mental health and wellbeing.
- [MindEd](#) A free educational resource on children and young people's mental health for all adults.
- [Anna Freud: Schools in Mind](#) Schools in Mind is a free network for school staff and allied professionals which shares practical, academic and clinical expertise regarding the wellbeing and mental health issues that affect schools. The network provides a trusted source of up-to-date and accessible information and resources that school

leaders, teachers and support staff can use to support the mental health and wellbeing of the children and young people in their care.

- [Anna Freud: Early Years in Mind](#) Early Years in Mind is a free online network for early years practitioners. The network provides easy to read and easy to use guidance on supporting the mental health of babies, young children and their families. The network was developed by mental health experts and shares practical and clinical expertise, and advice on using attachment-informed practice.
- [Public Health England \(2020\) Better Health: Every Mind Matters](#) Helping you teach PSHE curriculum topics to Upper KS2, KS3 and KS4 pupils, with flexible lesson plans and ready-to-use PowerPoints co-created with teachers, and video content developed with 10 to 16-year-olds.
- [Education Support](#) advice and guidance to support your own and colleagues emotional wellbeing and mental health. The charity also provides a free, confidential helpline/counselling service 24/7, 365 days a year.

## Apps for CYP

Apps should be chosen based around a CYP needs and should not overload them with too much information. Providing support to help the CYP to identify which apps are the most appropriate is key.

- [For Me](#) – free app from Childline, offering counselling, group message boards and advice.
- [Calm Harm](#) – free app providing a range of techniques to relieve emotional distress and particularly helpful for individuals who self-injure.
- [Clear Fear](#) – free app to help with managing anxiety.
- [MindShift](#) - free app with advice managing anxiety and relaxation methods.
- [SAM](#) (Self-help for Anxiety Management) - has games and tools to help you understand and manage anxiety.
- [distrACT](#) - is a free app that provides help around self-harm and suicidal thoughts.
- [Combined Minds](#) - Combined Minds uses a 'Strengths-Based' Approach which has been shown to be effective in recovery and builds on resourcefulness and resilience.
- [Headspace](#) – Relax with guided meditations and mindfulness techniques that bring calm, wellness and balance to your life in just a few minutes a day.
- [Stay Alive](#) - suicide prevention resource for the UK, packed full of useful information and tools to help you stay safe in crisis. The app links you directly to local and national crisis resources, so you won't need to carry around slips of paper with contact details on – it's all stored there within the app. If the resource isn't listed, simply add in your own.
- [WYSA](#): An 'emotionally intelligent' penguin that learns to react to the emotions you express. Overtime it gets to know you better and proactively reaches out to help you.
- [Cove](#): With Cove, you can capture your mood or express how you feel by making music and storing it in a personal journal.
- [Mend](#): The number one breakup app, is a self-care app for heartbreak. It guides you through your breakup day by day (free for 7 days).
- [Stop, Breathe and Think](#): A friendly app to guide people through meditations for mindfulness and compassion.
- [Smiling Mind](#): A non-for profit web and app based meditation programme developed by psychologists and educators to help bring mindfulness into your life.

## Telephone support for parents



- [Young minds parent helpline](#): 0808 802 5544
- [Family Lives](#): 0808 800 2222
- [Samaritans](#): 116 123

CYP are growing up in a world with technology that can both help and hinder their emotional wellbeing and mental health. Adults should be vigilant and aware of CYP's use and interaction with the internet and actively seek information about this part of their lives when gathering information and getting to know them as a person.

There is further information about general on-line safety on [Essex School Infolink](#) for settings and families.

### **Being a 'bereavement aware' setting**

Settings should aim to become a 'bereavement aware' environment, where loss is acknowledged and discussed in all kinds of ways with staff, parents and CYP. It is recommended that all settings have a planned approach to bereavement and that this is communicated to the settings community in a Bereavement Policy.

Parental death prior to a young person turning 18 poses a long-term risk of suicide for that young person, with twice as many people completing suicide if their parent died during their childhood/adolescence (Guldin et al., 2005). This risk seems to be elevated if the parental death occurred early on in childhood. There is furthermore evidence to suggest that the loss of an important relationship can precipitate suicide and suicidal behaviour. For example, Morano et al. (1993) found that half of the young people in their study who tried to take their own life reported the loss of an important relationship in the 3 months previously. Rodway et al. (2016) looked at all completed suicides in England carried out by young people aged 10-19 years over a 16 months period and concluded that a third of these young people had experienced at least one bereavement, two thirds of whom experienced a bereavement in the year prior to ending their life.

Although bereavement and loss are associated with an increased risk in suicide and suicidal behaviour, it is important to remember that a multitude of risk factors need to be present to make it more likely that a young person decides to take their own life.

There are various providers of training for setting staff including the Essex Educational Psychology Service; Emotional Wellbeing and Mental Health Service (EWMHS) teams and charities.

A model setting bereavement policy along with information and resources for helping to cope with bereavement and loss, from the Essex Educational Psychology Service can be accessed [here](#).

In addition, Essex County Council have developed a Recovery and Return to Educational Settings (part 2) suite of resources related to the Covid-19 pandemic. This includes a webinar for [bereavement & other losses](#).

In addition, here are some other National useful links:

- [Cruse Bereavement Care](#)
- [Marie Curie](#)
- [National Children's Bureau](#)
- [Winston's Wish](#)
- [MindEd](#)

## **Understanding self-injury (also known as self-harm)**

Self-injury (also known as self-harm) is a term used to describe a wide range of purposeful behaviours and is understood to be a physical self-regulating response to an emotional pain. It is often thought to be directly linked with suicide. However, this is not the case and assessment of self-injury is not straight forward. The main difficulty in assessment is one of intent. Generally, people who self-injure do not wish to end their lives; whereas suicide is a way of ending life. Self-injuring behaviours may be a way of coping and trying to live with difficulties in life, rather than making a plan to end their life. Although it can be an associated risk factor, the act of self-injury is not believed to lead on to suicidal behaviour. For one person, self-injury can be a coping strategy to manage the pain and complex life issues, whilst for another these issues may also be the reason to complete suicide. Research suggests that people who have shared plans to, made attempts to, or carried out plans to end their life are likely to have previously also self-harmed, (NICE, 2004).

It is very important that self-injuring behaviour is acknowledged as a way of indicating emotional distress and is taken seriously and responded to in a supportive way. Early intervention can help a CYP to manage distress in alternative ways. Many of the suggestions within this guidance pack will also be helpful when supporting a CYP who is self-injuring, such as the use of the support plans, advice for adults building relationships with the CYP, the importance of listening to the CYP and being [person-centred](#) in your planning and actions.

Further guidance specifically to support settings with issues around self-injury is available in the ['Let's Talk' - self-harm management toolkit for educational settings](#)

## **Warning signs a CYP may be thinking about suicide**

The following could be signals or indications that a CYP is thinking about suicide. It might be helpful to consider the following communicating behaviours that others may notice e.g. things we hear or see about how someone is feeling:

- Speaking about wanting to die; plans to or talks about ending their life; use of 'hopeless' language (e.g. 'there is no point' 'I am at the end')
- Speaking about being a burden on others
- Saying goodbyes to family and friends, tying up loose ends / putting affairs in order
- Giving away prized possessions or meaningful items
- Preoccupation / focus on death via medias such as art, poetry, music or writing about suicide / death on blogs / internet / in diary
- Changes in mood – particularly if the young person is showing feelings of calm and contentedness following a period of distress or depression (as they may be feeling 'at peace' with a decision to follow through with a plan of suicide)
- Actively seeking out supplies or artefacts to assist with a suicide e.g. stockpiling medication, searching online for methods
- Suicide notes or plans
- Increasing use of alcohol or drugs
- Sudden changes in behaviour that may be linked to emotionally difficult situations

- Withdrawing or isolating themselves
- Expressing feelings of loneliness
- Loss of interest in hobbies or things that please oneself

**Self-Assessment Check:**

- ✓ How do you assess a CYP's emotional wellbeing and mental health?
- ✓ How are risk and protective factors considered when planning for the CYP?
- ✓ Are you aware of how the CYP in your setting are using digital resources e.g. apps and social media?
- ✓ How do you identify and support the peer group of the CYP who are at risk of suicide?
- ✓ What systems do you have in your setting for staff to share concerns and ideas/support plans for CYP with each other?

## **Section 4: What to do**

### **How to respond to the risk of suicide**

The risk of suicide is raised where someone has been identified as potentially suicidal because they have directly or indirectly expressed suicidal thoughts or demonstrated other clues or warning signs. It is vital for settings to act on these warnings or concerns and the following advice should be followed:

- Take all expressions of self-injury or suicide seriously
- Someone close to the CYP should talk with him/her in a quiet, private setting to clarify the situation and plan appropriate support. They should reassure the CYP that sharing their thoughts and feelings is ok and that they will be listened to. They should decide with the CYP who information should be shared with (including the Designated Lead or Deputy, if this is a different member of staff) and take immediate action (at all times acting in accordance with safeguarding procedures). The Designated Safeguarding Lead (or Deputy) / [Mental Health First Aider](#) should be contacted to meet with the CYP and carry out a conversation that includes specific inquiry as to the existence of a suicide plan
- As with all safeguarding concerns, procedures require a completed process of risk management and support before the CYP leaves the setting e.g:
  - Joint risk assessment plan to be used when a CYP is at risk of suicide (see appendix A).
  - Parents / carers must always be notified when there appears to be any risk of self-injury, unless it is apparent that such notification will exacerbate the situation (if there is reason to suspect that a CYP has been or is likely to be abused or neglected, this must be referred in accordance with safeguarding procedures).
  - The individual who notifies the parent / carer should be someone who has the experience / expertise and / or a special relationship with the CYP and parents / carers. The same person should follow-up with the parents / carers within a few days to determine what action has been taken and to discuss support for the CYP.
  - All action taken should be recorded and retained on the 'Child Protection File'.
  - Refer to the 'High five to stay alive' Tool (See Appendix D).

### **Working together with families / carers**

A member of staff (preferably one who already has a relationship with the family or has the availability to build this) will need to act as a liaison between home and setting. It is important to be transparent with the CYP about talking with family members and, where possible, agree with the CYP what information is shared and how this will be done and who it will be shared with. Supportive materials such as leaflets and helpline telephone contacts could be readily available when staff speak with parents and more freely via display in the setting or on their website. (See Resources Section for some suggested websites for materials).

Some CYP may exhibit signs of depression or express suicidal thoughts as a result of honour-based abuse (for example, forced marriage). In these cases, it is important to understand that involving the family and the community may increase the risk of significant harm to the CYP.

The family may deny that the CYP is being forced to marry and they may expedite any travel arrangements and bring forward the marriage. Any such concerns should be discussed in the first instance with [the CYP and Families Hub consultation line](#).

### **The Essex 'One Planning', Essex Provision Guidance and Early Help**

Any plans for a CYP requiring additional support around their mental health should be made in accordance with the [Essex One Planning Environment](#) and [Essex Provision Guidance](#)

One Plan is the Essex approach to ensure genuine involvement of parents, carers, in decision making, through a process of person-centred planning. A major principle underlying this process is that planning should start with the individual, taking account of their wishes and aspirations, the outcomes they seek and the support they need to achieve them. (SEN Code of Practice, DfE 2014)

The [Essex Provision Guidance](#) and [Early Years Provision Guidance](#) provide an evidence based reference for settings and other practitioners with advice on how to meet the needs of CYP with special and additional educational needs. It draws on good practice in settings, and evidence based, applied psychological theory and research. It is organised on the categories of need specified in the new [Code of Practice for Special Educational Needs \(DfE, 2014\)](#). It can be used to consider what is already available for the CYP and what other provisions could be put in place to support the development of their Social, Emotional and Mental Health (SEMH) needs. The Provision Guidance also contains information about various areas of emotional development which may be of interest to staff wishing to develop their knowledge further.

### **Working together with other agencies**

There may be professionals or agencies already involved with the CYP and or their family. Or it may be felt appropriate to refer on to another agency to request support for the CYP, their family and / or the setting. Referrals to the Emotional Wellbeing and Mental Health Services (EWMHS) are co-ordinated through a [Single Point of Access](#).

It is important that all services and support strategies are co-ordinated. General Practitioners (GPs) are often involved in assessing or making referrals to mental health support services for their CYP. Settings collaborating and working in partnership with any other services involved will be beneficial to the CYP and forms one of the underpinning principles of Person-Centred Planning in that a 'team' is formed around the CYP and their family. This enables '[One Planning](#)' to be undertaken whereby all professionals contribute and align their own professional work within 'One Plan', which can regularly be reviewed.

If a CYP with learning difficulties or autism is experiencing significant difficulties with their mental health and are at risk of requiring an hospital placement in relation to their mental health, it may be recommended that they have a Care, Education Treatment Review (CETR) to assess the appropriateness of such a placement. Settings may be required to contribute to this process. [NHS CETR Information](#) & [Essex CETR](#) Information.

### **Preparing for reintegration following a serious incident**

When preparing for reintegration following any serious incident, the setting should ensure that an appropriate risk assessment and support plan is in place. This should be done in collaboration

with the CYP, family and other professionals involved (see Appendix C for a meeting agenda template).

Where the CYP has been hospitalised following a serious incident, it is important that all professionals involved work together to plan the CYPs transition back to the setting. Any meetings organised by the setting should include medical professionals and the education unit from the hospital. The setting should expect to be included in any Health planning meetings with the hospital as part of the discharge planning to support effective transition.

Discussion at a planning meeting should include:

- Understanding the identified problems from the CYP perspective.
- Identifying risk and protective factors.
- Identifying appropriate interventions to support the CYP.
- Identifying a key member of staff (trusted adult) to act as the lead.
- The role of the parent/carers in supporting their CYP.
- Clarifying the roles and responsibilities of other services that may be involved.
- Setting a review date.

It is important that everyone at the meeting is given the opportunity to contribute their view and to share any concerns. Any concerns raised should be taken seriously and there should be discussion to identify required action to support the CYP and to mitigate risk. This should be captured in the risk assessment and plan. Some discussion points to be considered may be:

Possible discussion points	Possible actions
Social and peer relations	<ul style="list-style-type: none"> <li>• Schedule a meeting with the CYP's friends prior to his or her re-entry so you can discuss their feelings regarding them, how to relate and when to be concerned.</li> <li>• Place the CYP in a setting-based support group, e.g. a Circle of Friends, or use peer mentoring or a buddy system (but not as the buddy) if appropriate .</li> <li>• Agree an account of what has happened with the CYP that they are comfortable for their peers to know. Be sensitive to the need for confidentiality and how to restrict gossip.</li> </ul>
Academic concerns	<ul style="list-style-type: none"> <li>• Ask the CYP about their academic concerns and discuss potential options.</li> <li>• Arrange tutoring from peers or teachers.</li> <li>• Provide a personalised curriculum and timetable to meet the needs of the CYP.</li> <li>• Allow catch-up work to be adjusted and extended without penalty.</li> <li>• Monitor the CYP's progress, building in regular reviews with them.</li> </ul>
How to mitigate risk to the CYP	<ul style="list-style-type: none"> <li>• Ensure staff are equipped with the understanding and skills required to support the CYP when they return to the setting.</li> <li>• Ensure there is an appropriate plan in place to safeguard the CYP.</li> <li>• Think about any support that may be required for the friendship group supporting the CYP – ensure they are clear how to report any concerns.</li> </ul>

All conversations should be constructed through the Essex Trauma Perceptive Practice (TPP) values of compassion, kindness, hope, belonging and connection.

**Self-Assessment Check:**

- ✓ How do you engage families in discussing emotional wellbeing and mental health?
- ✓ What interventions/signposting do you offer to CYP and families?
- ✓ Do you have clear systems in place for all staff to confidently support mental health e.g. self-injury?
- ✓ Do staff know how/when to go about organising multi-agency person centred meetings?
- ✓ Which other agencies do you liaise with relating to emotional wellbeing and mental health? How is this beneficial?
- ✓ Do you have a critical incident management plan?

## **Contact details - where to go for help and advice**

### **General information and advice**

Phone the CYP & Families Hub:

0345 603 7627 (Monday to Thursday 8.45am – 5.00pm / Friday 8.45am – 4.30pm)

### **When a young person has emotional wellbeing and mental health issues, or is at risk of self-harm advice from EWMHS is required:**

Phone the Single Point of Access (SPA):

0300 300 1600 – Option 2 (9.00am – 5.00pm Monday to Friday)

0300 555 1000 (Out of hours number - caller must ask for EWMHS Essex)

*If a young person is already open to EWMHS, then by contacting the SPA the professional will be directed to the young person's care mental health worker at any time of the office day. If it is urgent, you will be put through to a duty clinician anytime between 9.00-5.00pm*

### **When a young person is at risk of immediate harm or requires medical attention:**

Take to A&E / dial 999, or phone the CYP & Families Hub:

0345 603 7627 (Monday to Thursday 8.45am – 5.00pm / Friday 8.45am – 4.30pm)

0345 606 1212 (Emergency Duty Service)

### **Response to a serious incident:**

Settings may contact EWMHS through the [Single Point of Access](#) and there is a duty clinician available between 9.00am – 5.00pm on 0300 300 1600 Option 2 or Crisis Support and Out of hours: Mental Health Direct on 0300 555 1000 (this is accessible 24/7, 365 days a year). If a CYP is already open to EWMHS, the professional can be directed to the CYP's care co-ordinator. When contacting EWMHS, please ensure you have relevant and appropriate information to hand, as they cannot respond effectively without this.

Where there are significant concerns about a CYP or where serious incidents have already occurred, it would be helpful to compile a Risk Management Plan (see Appendix A).

### **Response to a Sudden Death / Suicide:**

In the very sad event that a CYP (or other member of the educational setting community) dies from suicide, the setting should implement its Critical Incident Management Plan (CIMP). You should also contact the Schools Communications Team on 033301 39880 (available 8am-4pm).



If a setting requires immediate media / press office support, the Press Office out of hours number is available, but should only be used for urgent media enquiries: 07717 867525.

- [Guidance for Schools informing ECC in the event of a critical incident \(.pdf\)](#)
- [Schools process to report an Incident](#)
- [Essex Educational Psychology Service Critical Incident resource page](#)

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## **Resources**

Emotional well-being and mental health portal for schools (Essex School Infolink)	<a href="#">Emotional well-being and mental health for schools</a> <a href="#">EWMHS - information</a> <a href="#">EWMHS referral form</a>
EWMHS Single point of Access	<a href="#">EWMHS - Essex</a>
Samaritans	<a href="#">Samaritans</a>
Child Bereavement UK	<a href="http://www.childbereavementuk.org/">http://www.childbereavementuk.org/</a>
CYP's feedback on the Essex Emotional Wellbeing Mental Health Service Model (April 2014)	 CYP EWMHS model feedback FINAL Repc
Cruse Bereavement Care	<a href="http://www.cruse-essex.org.uk/">http://www.cruse-essex.org.uk/</a>
Effective Support for CYP and Families in Essex (ESCB, 2017)	<a href="#">Effective Support for Children and Families in Essex (ESCB, 2017)</a>
Guidance to Schools on Critical Incidents (Essex Schools Infolink)	<a href="#">ESI/critical incidents</a>
Essex One Planning Environment (Essex Schools Infolink)	<a href="#">Essex One Planning Environment</a>
Essex Provision Guidance (Essex Schools Infolink)	<a href="#">Essex Provision Guidance</a>
Essex Educational Psychology Service (Essex Schools Infolink)	<a href="#">Essex Educational Psychology Service</a>
Essex Safeguarding CYP Board (ESCB)	<a href="http://www.escb.co.uk/">http://www.escb.co.uk/</a>
Essex Safeguarding for Schools (Essex School Infolink)	<a href="#">Essex Safeguarding for Schools/ESI</a>
Help is at Hand (NHS, 2010) - document to support those bereaved by suicide	 help is at hand.pdf
Kidscape	<a href="http://www.kidscape.org.uk">www.kidscape.org.uk</a>
Kooth	<a href="https://kooth.com/">https://kooth.com/</a>
Managing self-harm in young people (Royal College of Psychiatrists, 2014)	<a href="http://www.rcpsych.ac.uk/files/pdfversion/CR192.pdf">http://www.rcpsych.ac.uk/files/pdfversion/CR192.pdf</a>

Mental Health and Behaviour in Schools (DfE, 2016)	<a href="#">Mental Health and Behaviour in Schools (DfE, 2016)</a>
Mental Health First Aid (MHFA) - <i>people how to identify, understand and help a person who may be developing a mental health problem</i>	<a href="http://mhfaengland.org/">http://mhfaengland.org/</a>
Mentally Healthy Schools	<a href="#">Mentally Healthy Schools</a>
MindED – <i>mental health and emotional wellbeing online training portal for professionals working with CYP</i>	<a href="https://www.minded.org.uk/">https://www.minded.org.uk/</a>
NSPCC	<a href="#">NSPCC</a>
Nurture Dogs	<a href="http://www.nurture-dogs.co.uk/">http://www.nurture-dogs.co.uk/</a>
Papyrus	<a href="https://www.papyrus-uk.org/">https://www.papyrus-uk.org/</a>
Samaritans	<a href="http://www.samaritans.org">www.samaritans.org</a>
SET procedures (ESCB, 2018)	<a href="#">SET Procedures (ESCB, 2018)</a>
Trauma Perceptive Practice (TPP)	Contact <a href="mailto:tpp@essex.gov.uk">tpp@essex.gov.uk</a> for information



## Appendix A: Risk Assessment

Information in this plan could be gathered using person centred tools as part of a One Planning Environment).  
[One planning Environment](#)

<b>Date plan completed:</b>	
<b>Date updated:</b>	
<b>Date to be reviewed:</b>	
<b>Is this part of a One Plan / SEN support?</b>	

<b>What is the self- harm behaviour? (Please tick / add in other relevant information)</b>	
• Drug or alcohol use	
• Restricted eating	
• Cutting, scratching, burning or other	
• Absconding	
• Exposing self to risks	

<b>Are the parents / carers aware and involved in the management plan?</b>	
• Name of parents / carers:	
• Contact details:	
• How frequently are your setting's staff in contact with parents / carers to liaise in relation to support?	
• Views of parents / carers:	

**It is essential that the young person has a support network within your educational setting and that staff allocated to offer this can do so reliably. Consideration therefore needs to be given to who is available to offer this and how this person will receive their support. It would be preferable if this member of staff has some training in supporting CYP who self-harm.**

<b>Does the young person have a support person within your educational setting who he/she is able to communicate with? (this should be an adult not peer or prefect)</b>	
• Name of support person:	
• How often is the contact?	
• Who will provide this is support person not available?	
• Any notes of what support is most helpful and any special arrangements (e.g. time out card, daily check-ins)	
<b>Does the young person have friends who are aware of the self-harm and are supportive?</b>	

<ul style="list-style-type: none"> <li>• Are these relationships consistent?</li> </ul>	
<ul style="list-style-type: none"> <li>• How are the friends managing this supportive role?</li> </ul>	

<b>Is the young person's GP aware and is the young person receiving any treatment or medical support?</b>	
<ul style="list-style-type: none"> <li>• Name of GP and contact details:</li> </ul>	
<b>Is the young person known to EWMHs?</b>	
<ul style="list-style-type: none"> <li>• Name of care co-ordinator and contact details:</li> </ul>	
<b>Is the young person receiving counselling?</b>	
<ul style="list-style-type: none"> <li>• Name of organisation providing counselling:</li> </ul>	
<ul style="list-style-type: none"> <li>• Name of counsellor and contact details:</li> </ul>	
<b>Are any other agencies involved in supporting this young person and/or their family?</b>	
<ul style="list-style-type: none"> <li>• Name of organisation and key worker:</li> </ul>	
<b>Is the young person in Care or subject to a 'Child Protection' or 'Child in Need' plan?</b>	

<b>Any notes made between supporting agencies and young person and family in relation to management of the self- harming behaviour:</b>	
<b>Any changes of behaviour that may need to be monitored and communicated to those involved in supporting the young person:</b>	
<b>Any activities within your setting which will need additional support, should be avoided or may act as a trigger of self- harm behaviour (consideration needs to be given to sensory needs when a young person has special educational needs):</b>	
<b>Any known specific dates that may trigger distress for the young person (e.g. anniversary of a significant loss):</b>	

\*This information should be treated confidentially. However, the young person's safety is paramount and therefore it is necessary to liaise with those involved with the care of the young person as appropriate to ensure his/her safety.

## Monitoring and review arrangements

How to hold Person Centred Review Meetings: [Person Centred Reviews](#)

Dates plan updated/ Reviewed	Key person/ co-ordinator	Those involved in development of plan	Agreed actions

## Appendix B: Risk and Protective Factors

	Risk Factors	Protective Factors
<b>In the child</b>	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Genetic disposition</li> <li>• Prenatal alcohol exposure</li> <li>• Low IQ</li> <li>• Learning disabilities</li> <li>• Specific development delay or neuro-diversity</li> <li>• Communication difficulties</li> <li>• Difficult temperament</li> <li>• Physical illness</li> <li>• Academic 'failure/disappointment'</li> <li>• Low self-esteem</li> <li>• Feelings of isolation</li> <li>• Difficulties with impulse control</li> <li>• Underdeveloped executive functioning skills</li> <li>• Low harm avoidance</li> <li>• Sensation seeking</li> <li>• Difficulties with self-control/regulation</li> <li>• Aggressiveness</li> <li>• Anxiety</li> <li>• Depression</li> <li>• Hyperactivity/ADHD</li> <li>• Early persistent social, emotional and mental health needs</li> <li>• Early substance use</li> <li>• Social disengagement / Retreating coping strategy</li> <li>• Conduct disorder</li> <li>• Favourable attitudes toward drugs</li> <li>• Rebelliousness</li> <li>• Early substance use</li> <li>• Antisocial behaviour</li> <li>• Self-injury</li> <li>• Risk taking behaviours</li> <li>• Risk of knowing or knowing of someone who has completed suicide.</li> </ul>	<ul style="list-style-type: none"> <li>• Secure attachment(s) experience</li> <li>• Outgoing temperament as an infant</li> <li>• Good communication skills, sociability</li> <li>• Being a planner and having a belief in control</li> <li>• Humour</li> <li>• Confident</li> <li>• A positive attitude, optimistic approach to life</li> <li>• Experiences of success and achievement</li> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> <li>• Ability to self-regulate/self-soothe</li> <li>• Ability to make friends and get along with others</li> <li>• Positive physical development</li> <li>• Good self-esteem</li> <li>• Good coping skills and problem-solving skills</li> <li>• Engagement and connections in two or more of the following contexts: at school/setting, with peers, in athletics, employment, religion, culture</li> <li>• Identity exploration in love, work, and world view</li> <li>• Subjective sense of self-sufficiency, making independent decisions, becoming financially independent</li> <li>• Future orientation</li> <li>• Achievement motivation</li> <li>• Feeling valued</li> </ul>
<b>In the family</b>	<ul style="list-style-type: none"> <li>• Overt parental conflict including domestic violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent or unclear boundaries and limitations</li> <li>• Hostile and rejecting relationships</li> <li>• Failure to adapt to a child's changing needs</li> <li>• Physical, sexual, emotional abuse, or neglect, maltreatment</li> <li>• Parental or sibling psychiatric illness</li> <li>• Parental or sibling criminality, Substance e.g. drugs &amp; alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship &amp; pets</li> <li>• Permissive parenting</li> <li>• Parent-child conflict</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship (or one supportive adult)</li> <li>• Affection</li> <li>• Clear, consistent discipline</li> <li>• Support for education</li> <li>• Supportive long-term relationship or the absence of severe discord</li> <li>• Responsiveness</li> <li>• Protection from harm and fear</li> <li>• Opportunities to resolve conflict</li> <li>• Adequate socioeconomic resources for the family</li> <li>• Consistent and clear boundaries and limitations implemented and maintained including family that provides structure, limits, rules, monitoring, and predictability</li> </ul>

	<ul style="list-style-type: none"> <li>• Inadequate supervision and monitoring</li> <li>• Low parental warmth</li> <li>• Parental hostility</li> <li>• Harsh discipline</li> <li>• Low/high parental aspirations for child where the child is experiencing extreme pressure or feel unsupported</li> <li>• Fragile attachments with parents</li> <li>• Leaving home as a result of conflict</li> <li>• Homelessness</li> <li>• Family distress</li> <li>• Leaving institutional/government care (hospital, foster care, correctional facility, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Language-based, rather than physical, discipline</li> <li>• Extended family support</li> <li>• Supportive relationships with family members</li> <li>• Clear expectations for behaviour and values</li> <li>• Balance of autonomy and relatedness to family</li> <li>• Behavioural and emotional autonomy</li> <li>• Healthy prenatal and early childhood development</li> <li>• Connectedness to adults in the extended family / family support network</li> </ul>
<p><b>In the setting</b></p>	<ul style="list-style-type: none"> <li>• Bullying / abuse including online (cyber)</li> <li>• Discrimination e.g. Racism</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Peer influences towards risk taking e.g. associating/partaking with drug-using peers</li> <li>• Peer pressure</li> <li>• Fragile pupil to teacher/setting staff relationships</li> <li>• Experience of educational setting 'failures'</li> <li>• Low motivation around education setting</li> <li>• Accessibility/ availability</li> <li>• Peer rejection / lack of a sense of belonging/ Interpersonal alienation</li> <li>• Exclusion / Non-attendance</li> <li>• Aggression toward peers</li> <li>• Accessibility/ availability</li> <li>• Lack of positive role models</li> <li>• Low ratio of caregivers to children</li> </ul>	<ul style="list-style-type: none"> <li>• Inclusive practice</li> <li>• Personalised/ tailored curriculum if required</li> <li>• Clear policies on behaviour and bullying</li> <li>• Staff behaviour policy (also known as code of conduct)</li> <li>• 'Open door' policy for children to raise problems</li> <li>• A whole-setting approach to promoting good mental health</li> <li>• Good pupil to teacher/setting staff relationships</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences/ friendships</li> <li>• Effective safeguarding and Child Protection policies.</li> <li>• An effective early help process</li> <li>• Understand their role in and be part of effective multi-agency working</li> <li>• Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively including risk assessments</li> <li>• Support for early learning</li> <li>• Access to supplementary services to support the child's needs</li> <li>• Stable, secure attachment to childcare provider</li> <li>• Regulatory systems that support high quality of care</li> <li>• Healthy peer groups</li> <li>• Pupil educational setting engagement/ motivation</li> <li>• Positive teacher expectations</li> <li>• Effective classroom management</li> <li>• Positive partnering between educational setting and family</li> <li>• High academic standards</li> <li>• Presence of mentors and support for development of skills and interests</li> <li>• Opportunities for engagement within educational setting and community</li> <li>• Positive norms</li> </ul>

		<ul style="list-style-type: none"> <li>• Physical and psychological safety</li> <li>• Opportunities for exploration in work and setting</li> <li>• Positive adult role models, coaches, mentors</li> </ul>
<b>In the community</b>	<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation</li> <li>• Other significant life events</li> <li>• Presence of neighbourhood crime</li> <li>• Negative Social Media</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good/stable housing</li> <li>• High standard of living</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities available</li> <li>• Steady employment</li> <li>• Availability of services (social, recreational, cultural, etc)</li> <li>• Access to Technology</li> </ul>

## Appendix C: Model template for a planning meeting

Agenda Item	Notes
Introductions	
Purpose of meeting: <ul style="list-style-type: none"> <li>- What has happened / why are we here?</li> </ul>	
Discussion points: <ul style="list-style-type: none"> <li>- What's working?</li> <li>- What's not working?</li> <li>- Views of CYP</li> <li>- Views of Parents / Carers</li> <li>- Views of Education</li> <li>- Views of others involved</li> <li>- Identifying risk and protective factors</li> <li>- Any other support required for the CYP and/or family</li> <li>- Any other support required for the setting (eg. training, consultation)</li> </ul>	
Outcomes / Actions agreed: <ul style="list-style-type: none"> <li>- Roles and responsibilities of everyone involved.</li> <li>- Key member of staff (trusted adult) identified to act as the lead.</li> <li>- Risk assessment &amp; plan reflects discussion and addresses identified needs.</li> <li>- Any additional support / intervention required has been identified and is included in the support plan.</li> </ul>	
Review date agreed:	

## Appendix D: High-five to stay alive

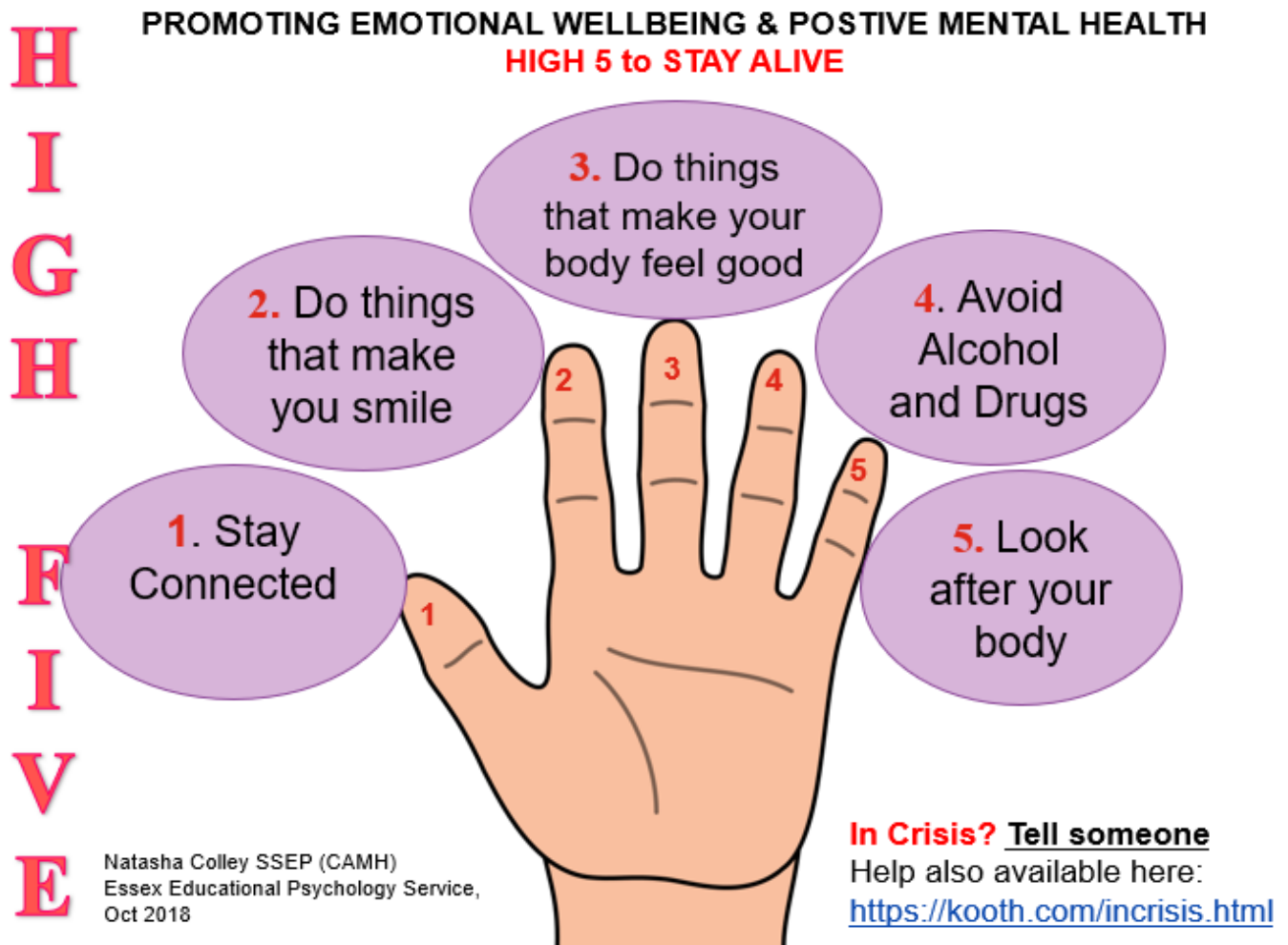
Developed during critical incident response work in settings following sudden and unexpected deaths within setting communities.

In times of crisis and shock, the vulnerability of other students can sometimes increase and the EPs and EWMHS teams work together with settings to support students, their families and setting staff.

During conversations with young people, the following themes emerged and having 5 elements one of each thumb/finger became memorable at a time when thinking is hard.

High 5 to Stay Alive can be used to:

- Assess what is happening for a young person
- Highlight what is currently important and areas to support (what's working well)
- Make a plan of what is needed to be put in place/arranged (intervention)
- Consider what things get in the way of the YP feeling connected / smiling etc.





# H I G H F I V E

**1. Stay Connected**



- ✓ Family, friends, school staff,
- ✓ Neighbours, club leaders,
- ✓ Online help e.g. [Kooth](https://kooth.com/) <https://kooth.com/> Young Minds, Big White Wall (16+)

**2. Do things that make you smile**



- ✓ Hobbies: clubs, spending time with friends, gym, music gaming, learning skills
- ✓ Surroundings – finding awe
- ✓ Social media, things that make you laugh
- ✓ Helping others, being kind

**3. Do things that make your body feel good**



- ✓ What calms and soothes you? Chills you out?
- ✓ What excites you? Makes you feel alive?
- ✓ Stick 2 good 4 you versions!

**4. Avoid Alcohol & Drugs**



- Use of alcohol and drugs might sometimes distract you but will make your low feelings stronger or return bigger

**5. Look after your body**



- ✓ Eating /nutrition
- ✓ Drinking plenty of water
- ✓ Sleeping
- ✓ Exercise

Natasha Colley SSEP (CAMH) Essex Educational Psychology Service, Oct 2018

## H I G H F I V E

**Assessment & Intervention Planner**

**1. Stay Connected**

**2. Do things that make you smile**

**3. Do things that make your body feel good**

**4. Avoid Alcohol & Drugs**

**5. Look after your body**

Things in place for this (Assessment)	Ideas to try / Actions (Intervention Planner)

Natasha Colley SSEP (CAMH) Essex Educational Psychology Service, Oct 2018

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**Assessment & Intervention Planner**

- 1. Stay Connected
- 2. Do things that make you smile
- 3. Do things that make your body feel good
- 4. Avoid Alcohol & Drugs
- 5. Look after your body

Things in place for this:	Barriers/ what stops me:	Ideas to try / agreed actions

## **Acknowledgements:**

This guidance has been produced by a multi-agency group involving the Emotional Well-being and Mental Health Service (EWMHs provided by NELFT), Commissioning Support Service, Essex Educational Psychology Service and SEND Social, Emotional and Mental Health (SEMH) Team and the School Effectiveness Service (Education). In addition, educational settings and other partners have been consulted and have contributed to this guidance.