[](http://www.escb.co.uk/)

**How to promote positive emotional well-being and reduce the risk of suicide in children and young people**

Guidance for Schools

Spring 2018

APPENDICES

*(This resource may also be used by any professional working with children and young people)*

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**Appendix A: Support Plan for schools managing young people with self-harming behaviours**

Information in this plan could be gathered using person centred tools as part of a One Planning Environment). [Essex One Planning Environment](http://schools.essex.gov.uk/pupils/sen/The%20One%20Plan%20Environment/Pages/The%20One%20Plan%20Environment.aspx)

|  |  |
| --- | --- |
| **Date plan completed:** |  |
| **Date updated:** |  |
| **Date to be reviewed:** |  |
| **Is this part of a One Plan / SEN support?** |  |

|  |  |
| --- | --- |
| **What is the self- harm behaviour?** *(Please tick/add other relevant information)* | |
| * Drug or alcohol use |  |
| * Restricted eating |  |
| * Cutting, scratching, burning or other |  |
| * Absconding |  |
| * Exposing self to risks |  |
| **Are the parents / carers aware and involved in the management plan?** |  |
| * Name of parents / carers: |  |
| * Contact details: |  |
| * How frequently are school 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 school and that staff that are 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 young people who self-harm.**

|  |  |
| --- | --- |
| **Does the young person have a support person within school who he/she is able to communicate with?** *(this should be an adult not peer or prefect)* |  |
| * Name of support person: |  |
| * How often is there 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) |  |
| **Does the young person have friends who are aware of the self-harm and are supportive?** | |
| * Are these relationships consistent? |  |
| * How are the friends managing this supportive role? |  |
|  | |
| **Is the young person’s GP aware and is the young person receiving any treatment or medical support?** | |
| * Name of GP and contact details: |  |
| **Is the young person known to CAMHS?** | |
| * Name of care co-ordinator and contact details: |  |
| **Is the young person receiving counselling?** | |
| * Name of organisation providing counselling: |  |
| * Name of counsellor and contact details: |  |
| **Are any other agencies involved in supporting this young person and/or their family?** | |
| * Name of organisation and key worker**:** |  |
| **Is the young person in Care or subject to a ‘Child Protection’ or ‘Child in Need’ plan?** | |
|  | |
| **Any notes made between supporting agencies and young person and family in relation to management of the self- harming behaviour:** |  |
| **Any changes of behaviour that may need to be monitored and communicated to those involved in supporting the young person:** |  |
| **Any activities within school 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): |  |
| **Any known specific dates that may trigger distress for the young person** (e.g. anniversary of a significant loss): |  |

*\*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**

For information on how to hold Person Centred Review Meetings click here: [Person Centred Reviews](http://schools.essex.gov.uk/pupils/sen/The%20One%20Plan%20Environment/Documents/One%20Plan%20-%20person-centred%20reviews.pdf)

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates plan updated/ Reviewed** | **Key person/ co-ordinator** | **Those involved in development of plan** | **Agreed actions** |
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**Appendix B: Risk Management Plan for schools managing young people with self- harming behaviours:**

Information in this plan could be gathered using person centred tools as part of a One Planning Environment). [One planning Environment](http://schools.essex.gov.uk/pupils/sen/The%20One%20Plan%20Environment/Pages/The%20One%20Plan%20Environment.aspx)

|  |  |
| --- | --- |
| **Date plan completed:** |  |
| **Date updated:** |  |
| **Date to be reviewed:** |  |
| **Is this part of a One Plan /SEN support?** |  |

|  |  |
| --- | --- |
| **What is the self- harm behaviour? *(Please tick / add in other relevant information)*** | |
| * Drug or alcohol use |  |
| * Restricted eating |  |
| * Cutting, scratching, burning or other |  |
| * Absconding |  |
| * Exposing self to risks |  |
|  | |
| **Are the parents / carers aware and involved in the management plan?** | |
| * Name of parents / carers: |  |
| * Contact details: |  |
| * How frequently are school 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 school 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 young people who self-harm.**

|  |  |
| --- | --- |
| **Does the young person have a support person within school who he/she is able to communicate with? *(this should be an adult not peer or prefect)*** | |
| * 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) |  |
| **Does the young person have friends who are aware of the self-harm and are supportive?** | |
| * Are these relationships consistent? |  |
| * How are the friends managing this supportive role? |  |
|  | |
| **Is the young person’s GP aware and is the young person receiving any treatment or medical support?** | |
| * Name of GP and contact details: |  |
| **Is the young person known to CAMHS?** | |
| * Name of care co-ordinator and contact details: |  |
| **Is the young person receiving counselling?** | |
| * Name of organisation providing counselling: |  |
| * Name of counsellor and contact details: |  |
| **Are any other agencies involved in supporting this young person and/or their family?** | |
| * Name of organisation and key worker: |  |
| **Is the young person in Care or subject to a ‘Child Protection’ or ‘Child in Need’ plan?** | |
|  | |
| **Any notes made between supporting agencies and young person and family in relation to management of the self- harming behaviour:** |  |
| **Any changes of behaviour that may need to be monitored and communicated to those involved in supporting the young person:** |  |
| **Any activities within school 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):** |  |
| **Any known specific dates that may trigger distress for the young person (e.g. anniversary of a significant loss):** |  |

\*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](http://schools.essex.gov.uk/pupils/sen/The%20One%20Plan%20Environment/Documents/One%20Plan%20-%20person-centred%20reviews.pdf)

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| --- | --- | --- | --- |
| **Dates plan updated/ Reviewed** | **Key person/ co-ordinator** | **Those involved in development of plan** | **Agreed actions** |
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**Appendix C: Guidance – Support following a student’s absence related to an incident of self-harm**

As best practice, it is important to organise a return to school planning meeting. A number of issues are likely to surface and will need to be considered on a case-by-case basis and addressed at the re-entry planning session.

It is very likely that some of the school staff, the family, the mental health professional and the student will express concerns.

Some of the more common issues are listed below:

**Social and peer relations**

* Schedule a meeting with the student’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
* Place the student in a school-based support group, e.g. a Circle of Friends, or use peer mentoring or a buddy system (but not as the buddy)
* Be sensitive to the need for confidentiality and how to restrict gossip.

**Transition from a hospital setting or home**

* Visit the student in the hospital or home to begin their re-entry process with permission from the parent/carer
* Consult with the student to discuss what support he/she feels that they may need to make a more successful transition. Seek information about what the student would like communicated to friends and peers about what happened
* Request permission to attend the treatment planning meetings and the hospital discharge conference
* Arrange for the student to work on some school assignments while in the hospital or at home

Include the therapist or counsellor in the school re-entry planning meeting

**Academic concerns upon their return to school**

* Ask the student about their academic concerns and discuss potential options
* Arrange tutoring from peers or teachers
* Modify the schedule and adjust the course load to relieve stress
* Allow catch-up work to be adjusted and extended without penalty
* Monitor the student’s progress

**Appendix D: Guidance - Understanding and responding to common reactions to overwhelming stressful events** *(adapted from Bridgend Critical Incident Pack)*

Everyone grieves differently. Personal and family experiences with death, religious beliefs, community exposures and cultural traditions all play a role. Below are some reactions to a suicide and suggested responses.

|  |  |
| --- | --- |
| **Reaction** | **Suggested Response** |
| **Shock and denial.** At first there may be remarkably little response. The reality of the death has yet to be absorbed. ‘You are kidding, right?’ ‘This is just a joke – it can’t be true’. | *Acknowledge the shock, anticipate the reaction to come, demonstrate a willingness to talk when child, young person is ready.* |
| **Anger and protection.** Generally speaking, ‘black and white’ thinking sets in. Students want someone to blame for this and may openly express/direct anger at the deceased’s parents/teachers/ boy/girlfriend. ‘Why did you let this happen?’, ‘It’s all your fault that this happened!’ | *Listen and then listen some more. Gently explain that it is natural to want to find a reason for things we don’t understand. Suggest that suicide is a very complicated human behaviour and that there are always multiple reasons and that blaming another individual may put that person at risk of suicide also.* |
| **Guilt.** Young people close to the deceased may blame themselves. ‘If only I had called him back last night; I should have known…. I should not have teased him….’ | *Remind young people that only the person who kills him/herself is responsible for having made that decision.* |
| **Anger at the deceased.** This is surprisingly common, among close friends as well as those who were not close to the deceased. ‘How could she do something so stupid?’ | *Allowing and acknowledging some expression of anger is helpful. Explain that this is a normal response when grieving. Acknowledgement of anger often lessens its intensity.* |
| **Anxiety.** Young people sometimes start to worry about themselves and/or other friends. ‘If she could get upset enough to kill herself, maybe the same thing will happen to me (or one of my friends).’ | *Help young people differentiate between themselves and the dead person. Remind them that help is always available. Discuss other options and resources. Practice problem solving.* |
| **Loneliness.** Those closest to the deceased may find it almost impossible to return to a normal routine, and may even resent those who appear to be having fun. They may feel empty, lost, totally disconnected. They may become obsessed with keeping the memory of their friend alive. | *Encourage young people to help each other move forward in positive ways. Notice anyone who seems to be isolating themselves from others and reach out to them, offering resources to help with the grieving process.* |
| **Hope and Relief.** Once the reality of death has been accepted, and the acute pain of the loss subsides, young people find that life resumes a large degree of normality and they come to understand that over time, they feel much better. They can remember their friend without extreme pain. | *Simply remain open to listening to the young people’s feelings, especially on the anniversaries (two weeks, months, years, etc.). Recognise the importance of both mourning and remembering* |

**Appendix E: Checklist for Critical Incident Management Plan**

**Initial Actions: Day 1**

|  |  |
| --- | --- |
| **Action** | **Information, Notes & By Whom** |
| **Gather and record accurate information**  **What** has happened?  **Who** was involved?  **When** did it happen?  **How** did it happen? | It is important to establish the facts otherwise rumours may take over and add to the distress of those involved. Specific details should include the names of everyone involved including any children/staff from other schools/settings.  **By Whom** |
| **Contact the affected family**    ****Find out their wishes  Establish clear line of communication  Plan further contact. | Contact should be made with family or families within the school community who are directly affected by the incident within 24 hours if possible. The nature of the contact should be guided by the wishes of the family although it may involve a home visit by staff representatives   to extend sympathy. In some cases it may involve planning for return to school of bereaved children.  **By Whom** |
| **Assess the situation and provide immediate emergency response** | When an incident takes place on or beside school premises an emergency response may involve: ensuring immediate safety of all students and adults; contacting emergency services; administering first aid.  **By Whom** |
| **Notify the Local Authority of Critical Incident via Schools Communication Team (01245 434745)** | By calling this number the Schools Communication Team will run through for you the various Local Authority services that may be of use to you including the Critical Incident Team via the Educational Psychology Service.  **By Whom** |
| **Ensure a dedicated emergency telephone line is operational**  ***..............................(number)*** | During major incidents phone lines may become jammed. Agree on which phone line is to be kept open for outgoing and incoming emergency calls. Swap mobile phone numbers with key agencies.  **By Whom** |
| **Contact school governors and outside agencies** | An Emergency Contact List should be collated in advance  and kept in an accessible location.  **By Whom** |
| **Alert the Media team** | Support can be given by the press office on the preparation of an official statement. Individuals should be strongly discouraged from talking to the media as partial information, speculation and personal opinion can cause significant distress to families, especially when inaccurately reported; this is also true of information posted on social networking sites.  **By Whom** |
| **Convene a meeting to brief the Critical Incident Management Team to:**   * Brief the team * Make specific plans * Delegate roles and responsibilities | Depending on the incident it may be advisable to meet the evening before or early in the morning to ensure a plan is in place for the school day. At this meeting determine what information is to be shared beyond the group and with whom (in sensitive cases this may involve liaison with the family).  **By Whom** |
| **Establish procedure for informing/ briefing staff to**    nform about the incident  Discuss plans for the day  Discuss how to support students (and each other) | It is important that staff receive accurate facts and are kept updated. This may require two separate groups to allow supervision of students. The meeting would normally be led by the head teacher or senior member of staff. It may be helpful / appropriate for an EP, a member of the clergy or a police officer to have some input to this meeting. Staff should be given advice and share ideas on how best to support students during this time  **By Whom** |
| **Establish procedure for informing students**    In groups   In a familiar environment  From people they know and trust | Whole school announcements should be avoided. Students should be informed in class or tutor groups by people they know and trust. Outside professionals can provide advice and support to staff where needed. Students who are likely to be particularly affected (e.g. close friends of a deceased pupil) should be told separately first.  **By Whom** |
| **Compile a list of vulnerable students and adults** | Vulnerable individuals (students and staff) need to be identified and monitored. Additional support may be put in place either from adults or peers. Staff can be reminded that their colleagues may need some additional support such as a phone call later that evening  **By Whom** |
| **Plan adjustments to the day and in school support including**    whole school activities  class/tutor group activities  quiet room with support | General principles include keeping routines as normal as possible; adapting the tasks to reduce stress and providing opportunities to express feelings in a safe, supportive environment.  Where potential impact is considered severe and affects large numbers of students in class support sessions may be appropriate. An EP may support this by offering advice or by co-facilitating the session.  **By Whom** |
| **Establish a procedure for informing parents / carers**   **** By letter  In a meeting | Depending on the nature and timing of events parents may already be aware of the incident. An appropriate letter should be compiled to be sent home with pupils. It may be appropriate to involve outside agencies, such as the police, clergy or EPs. EPs can assist with the drafting of communication to parents or refer to examples for ideas of how to structure the information. Have your own school draft letter that can be adapted and personalised if required.  **By Whom** |
| **Arrange for staff to meet at the end of the day to debrief and plan for following day** | Although already an emotionally exhausting day it is important for staff to meet for a short session at the end. This gives an opportunity for an update on any developments (including any specific concerns that have arisen), allows planning for next day and provides an opportunity to talk things through with others, offering emotional support, after a difficult day.  **By Whom** |

**Further Actions: Day 2 onwards**

|  |  |
| --- | --- |
| **Action** | **By Whom**  **Information & Notes** |
| **Convene a meeting of Critical Incident Management Team to**  consider any new developments  actions and events to date  plan for the day  identify tasks/ assign roles | Sometimes the first day appears quite calm as people may be in shock. Day 2 can present more issues as events begin to sink in so it is important to meet each day until the school returns to normal functioning.  **By Whom** |
| **Convene a meeting for staff to**    update staff on any new developments inform staff of plans for day  give staff an opportunity to ask questions / raise concerns | In major critical incidents staff should be brought together at the start of the following day. As well as practical purposes this gives emotional support in difficult circumstances and allows a reminder that both staff and students may need some nurturing and time to talk. Plans should be made for subsequent meetings as required.  **By Whom** |
| **Continue to monitor and provide additional support to**    vulnerable individuals previously identified  other students (or staff) causing concern | Following a Critical Incident a level of shock, anxiety and distress is normal, especially amongst those closest to the incident. Most people will have returned to normal functioning within six weeks. Further support may be required for individuals continuing to show significant signs of distress many weeks beyond this.  **By Whom** |
| **Liaise with affected family including**    visits by staff or pupils to injured or bereaved  family’s wishes and plans regarding funeral arrangements   return to school of bereaved | Contacts/visits should be planned/ made to anyone injured, either at home or in hospital, with cards and get well messages from staff and students. There may be possessions to be returned to the family and timing of this should be considered. |
| **Begin to plan school response to memorial** **to include**  ****the wishes of the family  active involvement of the peers and friends of the deceased | A lasting memorial and/or a ceremony give an important message about the value of the deceased; offers comfort to friends and family and may provide a sense of closure.  **By Whom** |
| **Make a note in the school calendar of important dates**  ****anniversary of incident  birthday of deceased  inquests or court cases  events where the deceased would have a part | The anniversary of a Critical Incident can trigger emotional responses and the school may wish, in consultation with the family, to acknowledge and commemorate the date.    **By Whom** |
| **Review Critical Incident response and amend plan** | Once the school has returned to normal functioning it is important to reflect on the response to the incident including what went well and what lessons can be learned. This can be used to evaluate and amend the Critical Incident Management Plan.  **By Whom** |

**Appendix F:** **Sample Letter to send to parents to inform them of a death from illness**

Dear Parents / Carers

I am sorry to inform you that your child’s tutor had the sad task of informing the children today of the death of <Name>, a pupil in <Year>. They were told that <name> died from an illness called cancer and that sometimes people who have cancer can get better, but other times people die from it. <Name> had been ill with cancer for a long time and died at home yesterday.

When someone dies, their family and friends have lots of feelings of sadness, anger, and confusion - these are all normal. The children have been told that their teachers are willing to try and answer their questions at school, and you can help by talking to them at home and answering their questions honestly. Support will be available to the school if your child is having difficulty coming to terms with this loss. Please contact your child’s form tutor if you wish for further support.

The funeral will take place at <Named Church or Crematorium> on <Day and Date> at <Time>. Your child may wish to attend the funeral. If this is the case you may collect your child from school and accompany them to the church. Please inform the school of your child’s absence, if this is the case.

Yours sincerely

Headteacher

**Sample letter when a pupil/teacher has died**

Dear Parent / Carer,

It is with great sadness that I have to inform you about the (sudden) death of xxx (name if possible), one of our pupils/members of staff in Year x. The children were told this morning by their class teacher.

Xxx (or a child / member of staff in our school/ in year x) died as a result of \*\*\*\* / the full detail surrounding the death are not known at this stage – but children have been reassured that this is something that does not happen very often. Your child may or may not want to talk about it, but it is likely that he/she will need your special care, attention and reassurance at this difficult time.

We are all deeply affected by the death, but we are trying, for the children’s sake, to keep the school as normal as possible over the coming days, whilst allowing the children opportunities to talk about xxx (the person who died) if they want. We have access to professionals who are providing guidance and support; enabling us to give emotional support to the children and each other through this difficult time. If you feel that your child needs extra support, please let us know.

Our thoughts are with the family at this difficult time, and the whole school community sends them our most sincere sympathy and support. If you have any questions or concerns, please do not hesitate to contact me.

Yours sincerely,

Headteacher

**Appendix G: Advice for parents / carers and those working with young people**

**Warning Signs**

The following are signals that a young person may be thinking of suicide:

* Suicidal threats in the form of direct and indirect statements
* Suicide notes and plans
* Prior suicidal behaviour
* Making final arrangements (giving away possessions)
* Preoccupation with death or dying
* Changes in appearance, thoughts, feelings and/or behaviour

**What to do**

Young people who are suicidal are unlikely to seek help directly. Parents and those working with young people and peers can recognise the warning signs and take immediate action to help keep them safe. The following actions should reduce the risk to the young person:

* Remain calm
* Ask them if they are thinking about suicide
* Listen - Do not judge
* Focus on concern for their wellbeing
* Reassure them that help is available
* Provide supervision in a calm manner to avoid intensifying anxieties
* Remove means for self-harm
* Get help. Peers should not agree to keep suicidal thoughts a secret and should tell a responsible adult. Parents should seek help from the school, GP, support services, help-lines or consider taking young person to the local A&E department if immediate concerns.

**Key telephone numbers**

Childline: 0800 1111 Papyrus: HopeLineUK: 08000 684141

Kidscape: 08451 205204 Samaritans: 08457 909090

Young Minds: Parent Helpline: 0808 8025544

**Local numbers for professionals:**

**EWMHS Single Point of Access (SPA):**

0300 300 1600 – Option 4 (9.00am – 5.00pm Monday to Friday)

0300 555 1200 (Out of hours number - caller must ask for EWMHS Essex)

**Early Help and Advice Hub**: 0845 603 7627

*(Adapted from the* ***Bridgend County Borough Council ‘Preventing teenage suicides’ Conference 21st November 2013)***

**Appendix H: How to support a child or young person who is grieving**

**Avoid:**

* Giving a lot of advice
* Arguing over trivial matters
* Making moralising statements about the person who died
* Minimising the loss
* Discouraging or time-limiting the grieving process
* Assigning new responsibilities right away

**Do:**

* Learn about the grief process
* Be absolutely genuine and truthful
* Demonstrate love and respect by being attentive
* Encourage talking about feelings and about the deceased friend
* Listen, no matter what!
* Offer to accompany the grieving young person to the funeral
* Allow crying – perhaps lots of crying
* Expect laughter – a sign of happy memories
* Follow the lead of the ‘survivor’ with patience and kindness
* Offer opportunities for remembering (e.g. special events or birthdays)
* Expect that your presence may be important, while talking may be limited (‘silence can be golden’)
* Share some of your own experience of loss, but keep the focus on the young person you are supporting
* Help to identify others to talk to (e.g. a trusted adult, school/ youth counsellor, church minister, Samaritans)
* Understand that memorials can be very comforting (e.g. writing a poem, a song, a letter, recording a tape, making a scrapbook buying flowers)
* Believe in healing and growth.

**Websites:**

Child Bereavement UK: <http://www.childbereavementuk.org>

Winstons Wish: [www.winstonswish.org.uk](http://www.winstonswish.org.uk)

Cruse UK: http://www.cruse-essex.org.uk

(Adapted from the ***Bridgend County Borough Council ‘Preventing teenage suicides’ Conference 21st November 2013)***

**Appendix I: Supporting the family through a suicide crisis**

**Family support is critical**

When an adolescent experiences a suicidal crisis, the whole family is in crisis. If at all possible, it is important to reach out to the family for two very important reasons:

* First, the family may very well be left without professional support or guidance in what is often a state of acute personal shock or distress. Many people do not seek help – they don’t know where to turn.
* Second, informed parents / carers are probably the most valuable prevention resource available to the suicidal adolescent.

The goal of extending support to the parents / carer is to help get them to a place where they can intervene appropriately to support their child or child in their care. Education and information are vitally important to family members and close friends who find themselves in a position to observe the at-risk individual.

**Common parental reactions to hearing that their child is suicidal**

* Acute personal shock and distress
* Very confused, puzzled, or in denial
* Blamed, stigmatised
* Totally paralysed by anxiety
* Embarrassed
* Angry, belligerent, threatening

**Concerns of the helper / professional**

* Safety of the youth
* Professional responsibilities
* Gaining co-operation from parent(s)

**Concerns of the parents / carers**

* The safety of the young person
* What to do and where to turn for help
* Maintain some balance and perspective

**Parents/ carers may need support to**

* Overcome their emotional reactions
* Accept the seriousness of the situation
* Recognise their key role in helping their child/ or child in their care
* Recognise the importance of finding (professional) help
* Understand the importance of removing dangerous objects from their environment
* Identify personal coping mechanisms and support systems
* Understand their limits
* Establish some hope

**How school staff and external professionals can help**

* ‘Just be there’ through the immediate crisis
* Reflective listening – acknowledge the impact, the fear, the anger, etc.
* Avoid judging or blaming
* Provide information and referrals
* Emphasise safety. Recommend removing items that someone can use to harm themselves from the home
* Support any and all acceptance of responsibility and efforts to help
* Model limit-setting and self-care

**Things you can ask or say once the immediate crisis has passed**

* ‘How can I help?’
* ‘How are you coping?’
* ‘Who can you talk to?’, ‘How are you in touch with these people?’, ‘Would it help if I called them for you?’ (Some people can’t face picking up a phone to do it themselves. If they think about using social media e.g. Facebook, offer to discuss whether or not it is appropriate in the circumstances)
* ‘I can appreciate how this has turned your world upside down. It is great that you have been willing to get help. None of us can do this alone.’
* ‘How have we (professionals) been helpful? What has not been helpful to you? What could we do better?’

**Useful Contacts:**

**Papyrus** [**www.papyrus-uk.org**](http://www.papyrus-uk.org) **Phone: 0800 068 41 41**

(Adapted from the ***Bridgend County Borough Council ‘Preventing teenage suicides’ Conference 21st November 2013)***

**Appendix J: Guidance - How to help Pupils who are supporting others with issues of suicide**

NSPCC On the edge: [ChildLine spotlight: suicide report](http://www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/) (2014) noted that children often spoke to a Childline counsellor about worries they had about friends or a parent who was expressing suicidal thoughts and they were supporting them. Difficulties that children shared with Childline about the impact on this for them included feeling drained and exhausted from worrying and being there constantly to support the people concerned; staying off school to keep an eye on / look after their parent; staying awake at night for fear that parents would feel more suicidal at night time; feeling as though they are the only person that their friend can talk to, being worried about whether to tell someone else.

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

* Active listening skills (schools could provide information and training sessions similar to that given within Peer Mentoring or Peer Listening Schemes). Ensure access to listening adults for those young people who find themselves listening to others regularly
* Encourage their friend or parent to seek professional help and to know where to access support information (e.g. via leaflets or online support areas: schools could provide these or display them clearly around school).
* Feedback to their friend or parent positive things in their life and their strengths; encourage them to talk about how they have managed difficulties in the past and think about what has helped before.
* Encourage their friend or parent 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.

**Appendix K: Implementation of a School Critical Incident Management Plan**

Use the checklist to make notes on and plan, building in shorter and longer term timescales. The following information will guide through the development of your plan of action and for advice should you need it:

Guidance for staff members who are part of the Critical Incident Management Team (CIMT): What to do when a Critical Incident occurs

1. **Planning by your Critical Incident Management Team** (CIMT)

Gather your CIMT to plan who needs to do what (see Roles and Responsibilities within your S/CIMP and the Checklist for planning and reviewing the response).

1. **“Facts First”**

Seek as much information about what has happened as quickly as you can. Staff may find that information grows gradually as the initial hours / days pass and it is important to clarify and hang on to the facts.

The importance of clarifying basic facts is paramount to minimising speculation and rumours; particularly in the social media world when ‘hearsay’ and opinions can circulate rapidly, often raising the emotional thermometer of the school community.

Information can be clarified from sources such as speaking with family members when they are able to or the Police.

What Key Facts might the CIMT clarify? (Some immediately and some over time)

* Who should be liaising within the family
* Cause of death (and clarification of what is ok to be shared with others) \*
* What agencies / organisations are involved currently
* (Over time not necessarily an immediate question) Arrangements for funeral

1. **Communicating facts and information to the School Community**

It helps to communicate known facts to people within the school community (staff; pupils; parents) as and when you can. Often schools hold staff meetings to make initial announcements – remember to include all members of your staff community not just teaching staff (which may mean several meetings). Ensure that staff are told before pupils so that they can begin to digest the news. Tell staff where and how they can gain emotional support and encourage colleagues to support one another.

When sharing sad news with pupils best practice is to try and structure the delivery of news in small groups with familiar adults on hand to support the students, if possible in classes or forms. Decide whether classes will be told at the same time by different staff members or whether a key adult (such as the Head Teacher) will share the news class by class. If helpful draft a script for adults to use – stick to facts. Use clear concrete language such as ‘sadly died’ and avoid euphemisms such as ‘passed away.’ Consider which group of children / young people might benefit from being told first e.g. those most impacted upon. If staff believe that some young people may be extremely distressed such as close friends it can be helpful to contact parents to come to the school to support their child.

Some people will be upset by sad news or may not have an emotional reaction and others may display a seemingly inappropriate reaction such as giggling or asking questions that might seem insensitive. (Be aware that some children with Special Educational Needs may react in different ways). It is important to reassure people that whatever reaction they have is ok and acknowledge the varied emotions that people may experience. Allow space in classrooms for pupils to support each other if they are upset or wish to talk together. Some pupils may wish to continue with structured activities / their timetable to gain a sense of predictability or because they are feeling ok enough to continue as usual. See [Appendix C](#AnnexC) for information about Responding to reactions).

When sharing news with staff or pupils, it is totally ok to say that you do not know something at this time and that you will share more as further information is available.

What to communicate: cause of death

If the cause of death has not been named or confirmed as a suicide; perhaps there is an on-going investigation or family may wish certain facts to not be disclosed. School staff on the CIMT may feel challenged about how to move forward and share information. Check with those you speak to about what is ok for you to share with others (highlighting the need for one of the CIMT to be in close contact with the family and outside agencies supporting the family such as the Police).

If the cause of death is unconfirmed this is what can be shared with others. Staff sharing information with others should acknowledge feelings of uncertainty that ‘not knowing’ might fuel but affirm the need for sensitivity and that rumours about what might have happened or why something might have happened can be hurtful to the person who has died and their family and friends.

Difficulties may arise if pupils are discussing suicide despite this not being clear (sometimes students may know of information via close family members or having witnessed something in relation to the events). School staff may feel compromised and confused about what information to speak about or share.

It is at these times incredibly helpful and reassuring for staff to distinguish between the ‘facts’ to be shared regarding the person that has died and information that can be shared about the issue of suicide in general in order to support students, staff and members of the wider school community and allow for discussion about what to do if someone was considering suicide or you had concerns about someone else.

**Staff could use the following scripts as a guide:**

“We do not have confirmed information about the cause of \_\_\_\_\_’s death” or “At this time we are not able to confirm the cause of \_\_\_\_\_’s death.”

*“We are aware that there has been a lot of talk about whether this was a suicide death. Since this topic has been raised, can we take this opportunity to give you accurate information about suicide in general and think about how we can prevent suicide and what to do if you or someone you know may be feeling suicidal.”*

*“As soon as we do have confirmation / more information about what happened to \_\_\_\_\_\_ we will let you know, until then please try to not participate in discussions that are not based on fact, for rumours and hearsay can be very hurtful to people close to \_\_\_\_\_ at what is already an incredibly painful time.”*

Remind the school community about sensitive use of social media and to refrain if possible from comment/discussion on social media sites. (Pupils will often use social media for memorial type pages, to express grief and loss; however there are risks with internet troll responses and/or use of quoting from memorial pages for use in newspaper articles which may cause further distress. Staff should be even more aware of confidentiality and not putting information or comments onto social media sites).

If it has been confirmed that it was a death from suicide, try to avoid including any of the following types of information communications to others:

* Anything about the method of suicide or contents of any notes / letters left
* Wording that may glamorise, glorify or vilify actions
* Speculation about the reason for the action taken

Communicate facts to your school community usually via a letter or email sent on the day of the news so that parents are informed as soon as their children arrive home. (For pupils close to the person who died it is helpful to ask the young person if they would like their parent/s phoned and told in person). The Samaritans resource ‘Step by Step’ written to support schools following a death by suicide suggest that the following aspects are included in communication:

* What has happened (in brief)
* Appreciations about the person who has died
* What support systems the school has in place
* Information about funeral if known
* Where parents can access information about grief and suicide
* How they can access support for themselves
* What they should do if they are worried about something or someone

1. **Communicating with the Media**

The School may be approached by media personnel for comment on what has happened. If Schools contact the Schools Communication Team as previously listed they will be offered liaison with the Essex Local Authority Media team who can advise on or carry out on behalf of the school drafting press statements and contact with the media. Please alert school staff and pupils in briefings to be aware of possible media interest and suggest that contact is declined.

1. **Grieving in school and adjustment to a loss**

In the days, weeks and months that follow a death or loss there will be ok days and days where the emotions are high. Keep the school running as usual with flexibility to adjust normal activities to respond to the needs of the staff and pupils in the school. Monitor vulnerable students and families, not only those in direct association with the person who has died but also those who may be requiring extra support due to other bereavements or traumatic experiences they have had. Educational Psychologists can assist staff in considering who may need support using a tool named ‘Circles of Vulnerability.’

Some students and / or parents may become more anxious about everyday events following a sudden or traumatic bereavement. It is common to worry about our own lives and families when a tragedy occurs within their community. Events like this can make some of our fears about terrible things that might happen seem more real. Gradually in time, people experiencing these feelings will rebuild a sense of resilience and belief that the world is mostly a safe place to live in.

Be mindful of dates that will be trigger points for remembering the person who has died, such as birthdates, anniversary dates of events and of the day they died. With those close to the person, sensitively acknowledge these important times to let them know that you are thinking about them.

Check curriculum ‘hot spots’ for topics of issue or loss – not to avoid them but to enable staff to consider how best to deliver the topic and how it could be flexible to respond to the needs of the young people in the class and the staff. If the school is working towards becoming a ‘bereavement aware’ school as described in the Green Section, then there should be plenty of forethought into opportunities to revisit issues of loss and grief throughout the curriculum and school day for on-going exploration of all these issues.

1. **Expressions of grief and longer term memorials**

When a community experiences a loss or bereavement sometimes flowers are used to signify a tribute. Messages can allow for expressions of people’s feelings and act as a link to the person who has died. Think about where these tributes are laid with a balance between the ease of access for people to come and see the tributes/ make a contribution and a sense of privacy or serenity.

When thinking about memorials there should be an equality of all deaths, with no particular types of death being treated differently. However, in order to avoid glamorising suicide or feelings of adulation about suicide for others who may be feeling vulnerable, it is advocated that schools should consider what kinds of memorials are decided upon. One way of avoiding this is to encourage memorials to be about positive actions leading from grief to benefit others with emotional wellbeing mental health difficulties such as charity fundraising / educational events about positive mental health or relevant charity linked to something meaningful for the person who has died.

1. **Adjusting to school life without the person who has died.**

This can be very hard for some people to continue with their day to day life but within a framework of loss and grief. Give thought to how staff will support young people to manage experiences such as the empty seat in the classroom, or personal belongings / work in school or re-arrangement of the register.

Siblings or children returning to school following a bereavement or loss will need individual preparation to consider what will be helpful for them on their return. Encourage staff to acknowledge these difficult times and agree together how best to proceed. Involving young people in decisions or giving time to explain a decision that an adult has made will validate their feelings and sense of importance.

**Appendix L: Guidance – speaking with a young person about suicide or self-harm:**

**Ensure you are clear about** **levels of confidentiality** - for example, at the beginning of the conversation (and at any other time also during the conversation) say something like “some things that we speak about can be between you and I, but if you tell me something that makes me worried about your safety or the safety of someone else then I have to tell someone else about that. We can discuss together who that will be and I will tell you if this is what I am going to do.” This is to ensure that the young person can make an informed choice about whether to share something with you or not, with the knowledge that information may need to be shared with others. If a young person is unwilling for information to be shared with their parents, staff should consider their wishes, but at all times having regard to and working in accordance with safeguarding procedures.

**Listen carefully** to what they want to say to you - use a SOLER model of attending behaviours (Egan, 2001) that form the basis of active listening and the points following:

**SOLER** formula: **S** - squarely facing the client, **O** - openness of posture, **L** - leaning forward (slightly), **E** - eye contact, **R** – relaxed.

* **Acknowledge**: show appreciation for the other person's efforts
* **Encourage**: Let the other person know that you are interested and want to hear more
* **Paraphrase**: Reflect back basic message in your own words
* **Clarify information**: Use examples or ask for examples, ask for help in understanding, keep the discussion clear and focused, ask questions
* **Check your perceptions**: Make sure that you understand accurately what is being said
* **Ask questions**: Use both open ended and closed questions appropriately
* **Reflect feeling**: Let the other person know that you understand how they are feeling about the situation
* **Reflect meaning**: Let the other person know that your understanding is the same as what was intended
* **Prompt and lead**: Use prompts or leads like “tell me more about this” to help to stimulate further discussion, find fuller answers to questions
* **Summarize**: Review progress and emphasize main points, themes, facts and feelings

**Show support** in an empathic and non-judgemental / non-emotive way (try not to look shocked)

**Reassure** the young person that they are not alone and that help is available.

**Remove means** of self harm / suicide if known and give information about support availability (e.g. helplines and online support)

**Use a ‘strength-based’ approach –** during your conversation focus on emotional wellbeing and connectedness / relationships that can be grown / strengthened / built upon. Draw out **coping strategies** and previous ways in which distress has been managed without considering suicide

**Seek help** – do not promise to keep this information between yourselves. The young person should be encouraged to choose an adult to share the information with (supporting the young person themselves to speak with others where possible).

**Discuss clearly what options there are** **for next steps and** **with the young person, produce a support plan for them (***see* [*Appendix A*](#AnnexA)). Use ‘[Person Centred Planning’](http://schools.essex.gov.uk/pupils/sen/The%20One%20Plan%20Environment/Documents/One%20Plan%20-%20person-centred%20reviews.pdf) tools and approaches’ in line with the [Essex One Planning *Environment*](http://schools.essex.gov.uk/pupils/sen/The%20One%20Plan%20Environment/Pages/The%20One%20Plan%20Environment.aspx) *(see* [*Resources*](#Resources) *sections for links to sites to support this).*

**Identify** **a key person** in discussion with the young person – it should be someone able to fulfil this role and someone the young person is comfortable with. The key person should ensure the young person is involved in any planning / decision making and kept fully informed of the outcomes.

**Be aware of how you are feeling yourself and seek support from colleagues**. The only way we can challenge stigma is to grow in confidence to speak more openly and without fear about issues around suicide.

**Appendix M: Examples of interventions and provision**

* **Individualised planning** (from Person Centred Planning approaches/tools to find out what is important to and for the young person). 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 young person across a school day and consideration should be given to any issues that are of concern/ worry/ stress to the pupil with strategies to support them.
* Identifying a **key additional adult figure in school** (for example mentor, Head of Year, learning support assistant, pastoral member of staff). The member of staff selected should be someone who is able to establish trusting relationships with young people and understand the systems in school 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 schools to read when developing relationships with young people 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 school should also support the supervision and care of adults taking on the role of key additional adult figure in school.
* **Train learning support assistants 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 young people and, if so, will require supervision for the work they undertake.
* **Identify young people 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 young people 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, resiliency 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 schools. Sometimes schools commission other agencies to support young people who would like to speak with someone e.g. counselling services which young people may be able to self-refer / drop into or be referred to by school staff. Please see the following document for more information if you as a school commission counselling services or access counselling services on behalf of young people in school. It is advisable to consider some key points in deciding what to commission and think about how it may support young people and staff most appropriately in school as well as meet needs regarding confidentiality and safeguarding.
* **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 school** – 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 schools, Mindfulness approaches** - [www.relaxkids.com](http://www.relaxkids.com) has resources for schools and families to use for children and young people of all ages, from pre-school children to teenagers. For Secondary School students there CDs designed to aid exam stress for example. Mindfulness is a way of life, a philosophical approach. If schools 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 school are regularly practicing mindfulness approaches in their own everyday life as well as within school.

*Note* - When undertaking relaxation activities in school, ensure that adults have received some training in the psychology of relaxation so that they are able to support young people 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 young people 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 children and young people 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.

**Appendix N: What Essex young people have told us ….**

**Engagement background**

For some considerable time Essex County Council (ECC) has engaged with young people in a variety of ways to hear what they have to say about emotional well-being and mental health services.

In 2012 ECC held workshops, focus groups and online surveys to obtain feedback from professionals, children, young people and their families / carers on child and adolescent mental health services for children and young people. These findings were used to inform partnership working with colleagues in the health service to develop a new integrated model called The Emotional Health and Wellbeing Service.

For the last 8 years ECC and the [Schools Health Education Unit](http://schools.essex.gov.uk/data/SHEU/Pages/SHEUSurveySupportingTheWellbeingOfChildrenAnd.aspx) (SHEU) have collected information and produced an annual report about children and young people’s lifestyles. This document has included a section on emotional and wellbeing health and wellbeing and bullying *(see* [*Resources*](#Resources) *section for 2014 SHEU Report).*

In November 2013 the Essex Safeguarding Children’s Board (ESCB) arranged a multi-agency conference ‘Preventing Teenage Suicides’. Professionals and young people were invited to learn from the experience of Bridgend Local Authority and to explore how this could be developed in Essex. Feedback from those involved was captured and has contributed to the development of the guidance toolkit. During 2014 ECC again held workshops, focus groups and online surveys to ask professionals, children and young people and their families/carers if the integrated model ECC was proposing (The Emotional Health and Well-being Service) was the model they had described to us. This feedback was then used to develop the service specification.

During November 2014 focus groups with young people were held. These included the ECC Take Over Day where children and young people worked with adults for the day and were involved in decision-making. Some of the groups shared their views on aspects of this guidance toolkit.

**The overall summary of what young people told us**

*(November 2014 focus groups)*

*‘It’s good to have one guidance document for all professionals so everyone does the same things and works in a similar way’.*

*‘Would be good if this was made available to all students and maybe even parents through the website or social media etc.’*

*‘Would be good if pupils could feedback maybe next year to see if there has been a difference or anything needs updating/adding’*

*‘If people have the means to help then that would support young people but if there’s none in place they can’t’.*

It’s good that the document covers warning signs and what happens when there is a suicide.

It would be good for young people to see it and know it exists.

Need to include the following:

* If there is a sudden death of a pupil in school if teachers/ staff take time off to grieve the pupils in school can feel unsupported
* Cultural awareness – work with faith groups to explain to the school community and cultural differences
* Like the idea of posters or leaflets with phone numbers and contact details for support

Concerns raised:

* At what stage would a parent be notified?
* If a teacher thought a student was self-harming would that information go to the parent or other teachers?

Why young people don’t always ask for help

Young people have told us they don’t like to ask for help because of the following reasons and have given some suggestions that would make it easier for them *(these are all important to young people and are not in any order of priority)*:

* Some want to be independent and feel they should deal with it on their own (but this could make it worse for them- if they talk to someone it seems like less of a problem)
* Stigma / Judgement (could affect friendships)

*‘Don’t know how you can remove stigma’*

*‘Difficult to change attitudes and views’*

*‘I can think of what not to do and that is discuss in PSHE lessons!’*

* + Promoting awareness that it’s not a bad thing to be asking for help
  + Let pupils know that if staff do react badly or discuss private information with others that is gross misconduct
  + Whole school training and what to do in those situations
* May feel ashamed or embarrassed
  + Young people need to feel confident – schools can let the pupils know that they can talk to whoever they feel comfortable with and they will relay this information to the designated person or go with them to talk to them
  + Opportunity to talk to someone outside of school (e.g. at a Youth Centre, drop in centres (maybe run with young people)
* Nerves and confidence(if you can’t go through with it it’s a massive barrier/ whether you can actually get across what you want to say about how you feel)

*‘It’d feel more comfortable if it were someone not connected to the school like a counsellor who don’t know your family’*

* Need the right setting which may not be the same for all young people
* Know how well approaching someone might be received
* If the school made it a routine thing, say once a week or once a month, where someone came in and who had experience of the troubles that students might be experiencing to show you can recover (subjects like depression, bullying, self harming etc) - maybe they could interlink with anti-bullying week and mental health awareness weeks.

**⚫** Fear about what happens next

* + Be clear from the start about what the next steps might be, keeping the young person informed along the way – support them
  + Important to know where the discussions will take place, as they may be uncomfortable if out of their comfort zones
* Bullying **-** (If being bullied they may be scared of repercussions if a name is mentioned- could make the bullying worse/ If it were about bullying, and the teacher knew something about that person, they might say, “they had a bad life”, you’ll be worried that you might not get the reaction that you need or want)
* Being heard

*‘You won’t go if you don’t think they’ll do anything*

* + Young people want to be heard and be able to unload, it’s not necessarily someone doing something about it
  + The confidante has to be approachable, interactive, friendly, conversationalist and someone who will listen to everything a young person has to say
* Confidentiality / Fear of lack of discretion / Trust

***‘****Don’t want to confide in teacher and them going off to other teachers or students and tell them what you said’*

*‘If you like a teacher, you’re more likely to trust them’.*

*‘If you spend long time with a teacher or have time to build up a relationship this makes it easier to trust them and talk to them’.*

* + School should give young people the opportunity to remain anonymous
  + Have non- school counsellors available in school
  + Have own special room (what happens in this room stays in this room)
  + Use non-school staff to come into school to support young people (e.g. NHS staff)
  + Young people should be able to confide in someone and have input in how the information is shared. Guarantee within limits that it’s not going to be shared, a level of transparency
  + Publicise that teachers have an agreement of confidentiality that they won’t share information and talk between themselves. (This seems to be clear and understood between staff but pupils are unaware so are reluctant to discuss issues)
* Don’t know who to talk to (not knowing if you’ve got the right information, guidance and help to support you)
  + Being told in assemblies what they’ve got to offer to help people

Say, “We’ve got this to offer, come along”

* + Details on Noticeboards
* Not having a good interpersonal relationship with staff

*‘If I told my psychology teacher and I’ve got her three days a week I’ve got to sit there and be awkward – don’t you notice that when you tell someone a secret they change?’*

*‘Often those who you wish to confide in, might be busy and you can’t get their attention, it can make someone at risk feel insignificant’*

* + Young people want to be able to choose the right teacher at the time they need them
  + Ensure the person who is talking to the young people is someone who acts in an approachable manner rather than harsh and cold
* Staff skills/ Don’t feel what school staff say will be acted on

*‘People went to the CP (Child Protection) Officer and nothing came out of it, she shut them down’*

*‘We used to have someone outside of the school in the youth club but they stopped it because there was no funding’*

* + A Young Person should be able to specify who they wanted to speak to and the person they chose should support them if the young person has to talk to others
  + If it’s someone outside of the school It will stop them if they’ve got an issue with the CP Officer
  + All teachers should be trained with how to deal with problems not just one specific member of staff
* Re-telling your story to more than one person
  + For some people may be the first people that you talk to could write down the facts of the conversation after the first meeting and then agree accuracy with young person and both keep the notes safe (e.g. young person said …… – no opinions). Can be shared with others in agreement with young person. (Don’t write at the time)
  + For others knowing that a teacher is going to write everything down may frighten them into not wanting to talk to anyone
* Environment
  + Young people need a place to feel save and confident which is private to confide in someone
  + Teacher could go to the pupils rather than vice versa (e.g. learning hub)
  + A room set aside would be good (a therapy, counselling room or conference room – a comfortable room with a table and chairs)
  + Don’t want to wait outside a room
  + Meet after hours (e.g. after school so people can’t see you go into the counselling room)

What’s important to young people?

You people told us that the following were important to them (in no priority order):

* To be listened to
* To have a trusting relationship
* To feel comfortable and safe
* Know how and where to get help plus know and understand what help is available
* Have control over services they receive
* Don’t want to be judged or people to assume too much
* Consistent support and people to stick to plans
* Receive support where they want it at the time they need it
* Different ways of contacting young people and keeping in touch
* Professionals to talk to each other
* Pastoral care
* Better support when needing different help or something changes

Where young people would go for help

Young people have told us that Family/ parents and friends are the most important people they would go to for support or advice with emotional or mental health issues.

Other people they may go to were:

* Health staff (including counsellors, specialist workers and GPs)
* College/ school staff (including pastoral care staff, individual teachers and school nurses)
* Other young people (including peer mentors and/ or prefects)
* Social workers
* Youth workers
* Religious leader (e.g. vicar)
* Police
* Charity organisations

Other support they might go to:

* Online (e.g. Childline or the Samaritans plus various online)
* Telephone advice

Young people told us how they felt about the following issues through the SHEU survey 2014

|  |  |  |  |
| --- | --- | --- | --- |
| 10720 young people were involved in the survey | | | |
| School phase  Age | Primary  7-11 | Secondary  11-18 | Total |
| Boys | 3080 | 2485 | 5565 |
| Girls | 3035 | 2120 | 5155 |
| Total | 6115 | 4605 | 10720\* |
| \*266 Year 3 pupils also used the survey but their results weren’t included in the report and another 116 pupils in special schools also completed a picture version of the survey. As this was slightly different version of the survey, the outcomes of these are not included in the report. | | | |

Emotional Health and Wellbeing (% comparison between primary and secondary pupils)

* More primary pupils agreed that their life is going well, they have a good life and they have what they want in life
* More secondary pupils said that they wished they had a different life
* More primary pupils said they were happy with the home they lived in
* More secondary pupils said that they often feel sad or tearful and this had been the case for more than 6 months
* More secondary pupils said they often lose their temper or get angry
* 47 % of primary and 48% of secondary boys and 63% of primary and 54% secondary aged girls said that when they are really worried they talk to someone or ask for help
* (Primary only) 22% of primary pupils worried often about what other people think of them. 13 % worried about being fashionable and 13% worried about their diet. 16% worried about a family problem they would keep it to themselves

Bullying

* More primary aged pupils reported that they felt afraid to be in school because of bullying, at least sometimes in the last month.
  + Main areas pupils said bullying occurred were
    - For primary schools: outside at playtime/lunchtime (26%), followed by at home (9%), during lesson time (6%) and on the way to or from school (3%)
    - For secondary pupils said bullying occurred outside at break-time (24%), during lessons (18%), in the corridors (13%) and on the way to or from school (7%)
* More secondary aged pupils reported that they think others felt afraid to be in school because of them
* More primary aged pupils said that their school deals well with bullying
  + 12% primary pupils said it wasn’t a problem in their school compared to 9% secondary pupils said it wasn’t
  + 13% primary pupils said their school dealt with it badly or not very well compared to 22% of secondary pupils