



**Diogelu Gwent
Gwent Safeguarding**

**Protocol for the Immediate Response
to Critical Incidents Involving
Children and Young People**



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1. Introduction

The aim of this protocol is to provide support to manage the consequences of critical incidents (please see definition below) involving children and young people up to the age of 25 years, in order to ensure that those who are affected, including friends, family, professionals and the wider community, are effectively supported. When using this guidance, it is important to deliver the most compassionate and helpful response, offering both practical and emotional support, at the different steps on that journey

This protocol is complementary and in support of other protocols such as Wales Safeguarding Procedures, Procedural Response to Unexpected Deaths in Childhood (PRUDIC), and Emergency Planning Processes which should be used in the first instance. There would not be an expectation that this protocol would be invoked at every child or young person's death. PRUDIC is the process which automatically takes precedent for every child death.

A critical incident (for the purposes of this protocol) is defined as an event, or series of events:

- which is sudden and unexpected; **and**
- that resulted in (or could have caused) death or serious harm; **and**
- impacting on individuals and / or the wider community; **and**
- where an effective response **requires multi-agency co-ordination** to manage threat, risk, and harm.

Please note that this definition differs to the National Police Chiefs Council's (NPCC) definition of a critical incident.

Gwent Safeguarding Board wishes to acknowledge its intentions to continue to work with services to identify pathways for Children and Young People who transition into adulthood and are identified as part of the circles of vulnerability to access priority services despite them being classed as 'adults.'

2. Criteria and Timescales

An Immediate Response Group (IRG) should be considered for all suicides (suspected or apparent) of children and young people up to the age of 25 years when the above critical incident definition has been met. For other critical incidents, the following criteria should be considered prior to convening an IRG:

- Does the incident meet the above critical incident definition?
- Are there other processes / policies which should be implemented first? (e.g., PRUDIC, etc).

There is a standing group (Appendix 2) any member of said group may request to convene an IRG. This must be discussed with and agreed by the IRG Chair (Police Superintendent) who is responsible for making the final decision about implementing the protocol. Consideration should be given to which other management processes may already have been implemented or will be simultaneously implemented as a result of this critical incident. (Appendix 4) There is a recognised need for there to be an interaction between the IRG process and other multi-agency fora.

The IRG should be convened as soon as practically possible but no later than two working days after the critical incident. If there are any delays in the convening of the group, the reasons for the delay should be fully stated and clearly recorded.

3. Process to Manage Critical Incidents Involving Children and Young People

Notification of Incidents and Confirm Facts

- The organisation receiving notification of the incident must endeavour to clarify the facts of the situation as far as possible and consider the criteria for convening an IRG before discussing and confirming this with the IRG Chair.

Consult organisational policies and reporting mechanisms and act on accordingly

- Organisational policies and guidelines should be consulted, and the appropriate action taken. This may include, for example, reporting mechanisms, collation of documentation, information sharing, etc.
- Appropriate Duty to Reports should be made under the Wales Safeguarding Procedures.

Convene Immediate Response Group

- The Police Public Protection Unit (PPU) will notify the relevant Gwent Safeguarding Board (Board Chair and Business Unit Manager) of the critical incident and confirm the need to convene an IRG.
- An IRG will be convened to include standing group members and other key personnel that members identify need to attend.
- Any briefings prior to the IRG must be agreed with the Chair.
- In particular, identify those closest to the child or young person, other young people who may be at risk and those child or young person

Individual agencies should also identify other young people for whom this incident may involved in the immediate incident. Sibling self-harm and suspected suicide attempts must be seen as an indicator of familial vulnerability.

- Individual agencies should identify those closest to the child or young person which may include, for example, family (including possible children of the deceased), friends, boy/girlfriend, work colleagues, club membership, teams, staff, etc.
- Consider the guidance around Circles of Vulnerability found in *Identifying and responding to suicide clusters: A practice resource* (link found in Appendix 9) that identifies those who are in geographical proximity, social proximity, and psychological proximity to the
- be a trigger, potentially increasing their level of risk.
- For those young people not known to services, consideration needs to be given to provision of support to the wider community, particularly for those groups highlighted as at increased risk.
- Individual agencies should understand the challenges that people face on their bereavement journey, and should respond to them compassionately, and link them to the specialist advisory and liaison service and other local support agencies, ensuring that consistent offers of support are made recurrently.

- All individuals should be consistently met with a compassionate and considerate response from all persons and agencies they liaise with, or who they may approach for help and support. A compassionate response is fundamental and essential, even in the briefest and most simple of exchanges.

Immediate Response Group Meeting

- The IRG Chair will outline the purpose and content of the meeting (statement included with agenda in Appendix 3).
- The Senior Investigating Officer (SIO) will provide information relating to the critical incident.
- Each agency present will share information relating to the child or young person, their family, friends, and others (including, for example, witnesses to the incident) who may require support following the critical incident.
- Identify significant dates or events which could include anniversaries of trauma and bereavement.
- Level of risk should be identified for each individual discussed.
- Support needed for those identified should be determined and agreed including confirmation of person(s) responsible and timescales.
- Care of children and young people already subject to Care and Support Plans or within the Looked After System needs to formally be handed to their key worker to ensure that their individual needs are met.
- Children's Services or Adult Services will work with the Police Family Liaison Officer (PFLO) to establish contact with the family where appropriate.
- Agreement will be reached about information to be shared at briefings with staff, young people, and the wider community.
- Each agency should consider how they can contribute help and support to meet the identified needs either themselves or by enabling other agencies, regional coordinators or third sector organisations to do so, ensuring that consistent offers of support are made recurrently.
- The Child and Adolescent Mental Health Service (CAMHS) to lower the threshold for their service in the immediate term. This will ensure that children who may be affected by what has happened but would usually fall outside of the CAMHS criteria can be considered for support. However, a triage process should take place to ensure a proportionate response is taken. Consideration to be given as to whether extending this into the medium or longer term is also appropriate to ensure children are supported around important dates, for example the anniversary of the critical incident. CAMHS should be represented by Operational Leads for part 1 and 2 Integrated CAMHS, who can represent Primary and Secondary CAMHS services including the Emergency Liaison Team.
- Organisations represented within the group will need to consider whether additional support can be provided to the child / children or young people identified.
- In the event that an incident has caused an impact which may require more medium or longer term support within a particular community, then the Community Psychology Team should be invited to attend the meeting to ensure due consideration is given at the earliest opportunity to the medium and longer term needs of the community who have been affected.
- The borough CAMHS Mental Health In-Reach practitioner should also attend.

- Organisations will also need to consider how they can protect front-line services so that services are maintained whilst providing support in response to local identified need following an incident.
- Telephone help desks and similar should be aware of relevant services which they can signpost any queries to including suicide bereavement services available across Gwent.
- Consideration should be given to involvement of any organisations or agencies that provide support or services outside of the Gwent geographical area where cross-boundary support is required such as out of catchment schools, alternative provisions, or colleges.
- In particular consideration should be given to inviting the child's Primary School as they will have knowledge of the Community and be able to provide connections that would possibly not be gathered from any other organisation.
- Date and time of next meeting to be agreed.
- At the second IRG meeting, consideration should be given to support from the public health and regional suicide prevention leads if there are any concerns around potential contagion leading to a suicide cluster or for wider postvention prevention work.

A second IRG meeting is always held as part of the process. However, in exceptional circumstances, it may be necessary to convene an additional '*Extraordinary Meeting*' shortly after the first meeting and prior to the second. This should only occur when there are extensive circles of vulnerability that require urgent and careful consideration.

- After each meeting actions should be undertaken as agreed at the IRG.
- At the final IRG meeting an exit strategy will be developed to address care for family, friends and staff where appropriate, to be managed by mainstream services.
- Services being co-ordinated and well organised with clear responsibilities.
- Extra consideration should be given if a critical incident occurs out of term time for both staff, young people and children. Access to support services should be given full consideration.
- The IRG meeting serves a crucial function in ensuring a trauma informed and co-ordinated response across the agencies. Due consideration is required around the timing of respective interventions offered across multiple agencies and the potential a lead practitioner should be identified to ensure a co-ordinated approach.
- After the final IRG meeting, any outstanding actions should be notified to the Chair for sign-off.
- Make reference to all the resources and signposting. Gwent Safeguarding Board has a published resource on working with issues of suicide and self-harm can be found here; <https://www.gwentsafeguarding.org.uk/assets/document-library/Protocols-and-Procedures/Multi-Agency-Supervision-Principles.pdf>

Brief staff

- The decision about who will brief staff and content of the brief will be agreed by the IRG. This requires sensitivity and caution.
- All staff need to be briefed including support staff, admin, transport, volunteers, etc. as they may also be affected.
- Staff will be informed about the incident, providing them with factual information as agreed by the IRG.

- An outline of actions to be taken and by whom, including an explanation of support to be made available, will be given.
- Information about supporting young people will be provided including practical information about what to say, what signs of risk to look out for which may indicate the need for additional support, etc.
- Please see Appendix 6 for information which could be helpful for parents or carers in the event of a critical incident. It is important to note that each child and young person will have different needs, challenging behaviours/distress could last up to 8-12 weeks after an event, however this is not an explicit timescale and should be monitored.
- Please see Appendix 8 for specific advice for school

Brief young people

- The decision about who will brief children or young people and content of the briefing will be agreed by the IRG. As information enters the public domain quickly, it is important for children and young people to learn the facts from a trusted person.
- Formal support systems will be put in place prior to the briefing.
- Young people will be informed about the incident, providing them with factual information as agreed by the IRG.
- Information about the support available will be provided as part of the briefing.
- Agencies need to consider cultural and religious issues / differences and significant / specific events and should consider the ramifications of possible blame.
- Information should be imparted to young people as early as possible in a compassionate and considered manner (for example, not at the end of the school day).
- Staff should monitor initial reactions in young people and provide appropriate support, giving them the opportunity to talk through feelings, etc should they wish to.
- Agencies need to consider notifying people closest to those involved in the incident before telling others in order to lessen the impact and ensure ability to provide support
- Staff should be aware that grief affects different people in different ways and therefore those closest to the child or young person may not necessarily be the most upset.

Briefing for parents / carers

- It is always necessary to brief parents / carers about the situation and the support which is available for their child or young person for example for incidents affecting a school community.
- The decision about who will brief parents / carers and content of the briefing will be agreed by the IRG.
- Parents / carers will be provided with factual information as agreed by the IRG together with an outline of the support that is being made available. All individuals should be consistently met with a compassionate and considerate response. A compassionate response is fundamental and essential, even in the briefest and most simple of exchanges.
- Parents should be made aware that it is possible to see challenging behaviours / distress

that could last up to 8-12 weeks after an event. It is important to note that each child or young person will have different needs, and this is not an explicit timescale and should be monitored.

- Parents and carers will need support to find the best words to share information with children, ways of opening up conversations with their children and how to respond to difficult questions. For more information for parents who are concerned about their child's or young person's wellbeing, please see the leaflet contained in Appendix 6 *Supporting Children Following a Tragic Event (ABUHB Child and Family Community Psychology)* and the additional link for any parent / carer who is supporting a child in the event of a suicide or self-harm incident within the community *Supporting Your Child: A Guide For Parents* (link found in Appendix 7).
- Contact information will be included should they want to talk to someone themselves or to access support for their child(ren) or young people.
- Contact information will also be made available using alternative media such as websites and press releases.

Funerals, Memorials and Contagion

- Staff and parents/carers should be mindful that attending the funeral of another child or young person that has died, could have an extremely negative impact on the wellbeing of some young people.
- Attendance at a funeral should be managed in the same way as any other death. Those who choose to attend should be supported by a trusted adult.
- In the case of suicide, permanent memorials should be avoided as they can increase the risk of contagion. This might include social media pages dedicated to the memory of a young person. For further information on managing social media following suicide please see Appendix 9.
- Celebrations and memorials which make someone seem more valuable to the family, community and peers is discouraged.
- If any spontaneous memorials begin to appear, it is advised that they should be removed by a certain date, possibly after the funeral.

Debrief Staff

- Individual agencies will need to debrief staff in order to review their response to the critical incident and to clarify lessons learnt and further action to be taken.
- Individual services need to be aware of their staff's input and how they feel about providing that support, ensuring that staff can access support for themselves.
- School, alternative provision / college staff should be made aware of who they can speak to in terms of external support agencies.
- Staff should be made aware that that it is possible to see challenging behaviours / distress that could last up to 8-12 weeks after an event. It is important to note that each child or young person and staff will have different needs, and this is not an explicit timescale and should be monitored.

Collate information for Single Unified Safeguarding Reviews

Single Unified Safeguarding Reviews are required where a person has died and abuse or neglect is suspected.

- Agencies are responsible for collating any information they may have relating to the person which will be used in a Single Unified Safeguarding Review.
- Agencies should maintain accurate records, in order to collect relevant information to facilitate a review if required.

4. Management of a Cluster of Suicides

- Identification of a cluster of suicides will be agreed by the IRG.
- Identification will be based on the number, timescale, and proximity (geographically and socially) of incidents occurring locally which exceeds that which would be expected.
- Consideration will need to be given to suicides occurring in neighbouring areas and the possibility of a single case locally being part of a cluster in a bordering area or vice versa.
- Upon identification of a cluster of suicides the IRG will meet on a more frequent basis, with frequency to be established by the IRG. Membership of the IRG should reflect the multi-agency input required in response to a suicide cluster.
- In some cases, the IRG may need to meet daily to monitor the situation and ensure that appropriate support and prevention services / activities are in place.
- Work will focus more intensely on providing support for those identified as at risk and for the wider community as a whole.
- Consideration to be given by IRG chair and members as to the requirement for any social media checks and whether we require RIPA to monitor specific social media accounts.
- A cluster of suicides would trigger a more senior interagency response requiring strategic level staff to meet on a regular basis in addition to the IRG. The strategic Cluster Response Group is convened to formulate and oversee the 'Cluster Response Plan' (This should follow the same process as the Strategic Management Group in Complex abuse cases please see [Children Complex Abuse Protocol](#))
- The strategic group will review information provided by the IRG including action(s) taken and will consider, for example, resource allocation to ensure that services are available to support local need and to work proactively to prevent further incidents.
- For further guidance on identification of potential suicide clusters and development of the Suicide Cluster Response Plan see: *Identifying and responding to suicide clusters: A practice resource* (link found in Appendix 7).

5. Media

- IRG's will discuss and agree issues relating to the media.
- A single point of contact for all media queries will be agreed.

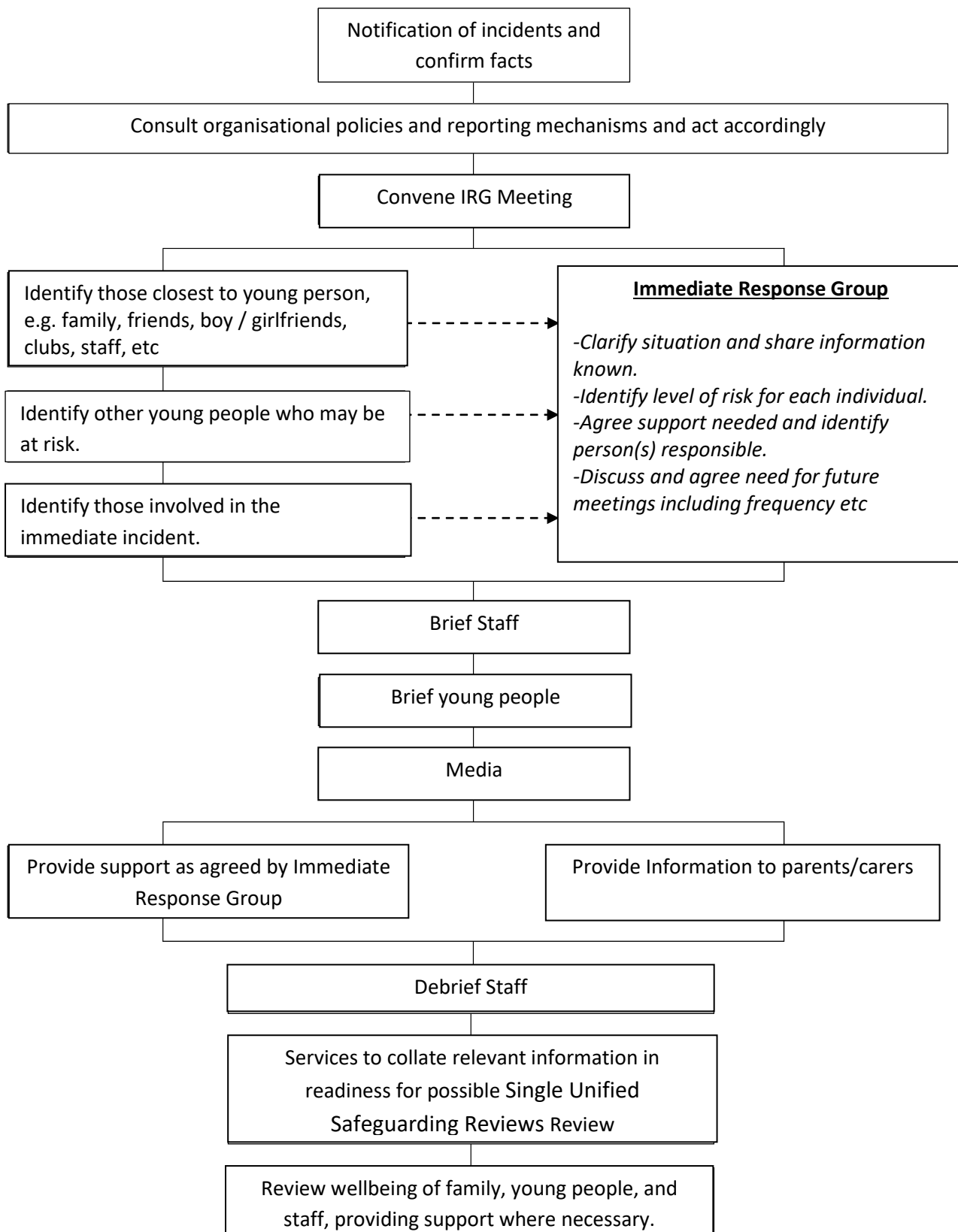
- Press releases should include information about appropriate help-line numbers and websites.
- It is important that there is liaison with the family before any information is released to the media so that they are aware and agree with information provided.
- In the case of a cluster of suicides the strategic group will agree how to manage media relations. There should be a single point of media contact with guidance for the media on their role in responsible reporting and prevention of future deaths.

6. Governance and Accountability

- The Gwent Safeguarding Board Business Unit will maintain all the records of each IRG meetings including the storage of all minutes. Disclosure of content of the minutes will be with permission of the Chair.
- The standing members of the IRG should meet regularly to identify lessons learnt and to consider the need to alter / add to the Immediate Response Protocol.
- The number of IRGs and any emerging learning themes will be reported, every 6 months, by the Gwent Safeguarding Business Manager to the Gwent Safeguarding Business Planning Group. Regional learning themes can be sourced and collated by any IRG key partner. This will ensure that any thematic learning or improvement action can be overseen and implemented by the Safeguarding Board to enable the IRG process to remain as effective as it can be.
- Lessons learnt should be fed into the Quality Assurance Group of the Safeguarding (children and adult) Boards.
- Information relating to drug-related deaths can also be fed into meetings as part of the Drug-Related Deaths Protocol.
- An IRG may need to be reconvened at future dates which coincide with significant events, e.g., anniversary of incident, etc.

Appendix 1

Protocol for the Immediate Response to Critical Incidents Involving Children and Young People



Appendix 2 - Contact details

Agencies notified of critical incident should, in the first instance, contact the following:

	Name	Telephone Number	Email address
Police			
Health Board (Safeguarding Team)			
Children's Services (Safeguarding Team)			
Adult Services (Safeguarding Team)			

The following is a list of agencies that will form the standing group which need to be involved in the Immediate Response Group.

	Name	Telephone Number	Email address
Police - Chair (Superintendent) Investigating Officer Detective Inspector (PPU)			
Head of Safeguarding (Health Board)			
Gwent Safeguarding Board (Chair of Board represented by Business Unit)			
Head of Children's / Adult Service (Torfaen) Head of Children's / Adult Services (Blaenau Gwent) Head of Children's / Adult Services (Newport) Head of Children's / Adult Services (Monmouthshire) Head of Children's / Adult Services (Caerphilly)			

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Safeguarding Manager (Torfaen)			
Safeguarding Manager (Blaenau Gwent)			
Safeguarding Manager (Newport)			
Safeguarding Manager (Monmouthshire)			
Safeguarding Manager (Caerphilly)			
Director of Education or representative			
Emergency Duty Team Manager, if required			
Schools Counselling Service Lead			
Head of Youth Service			
Educational Psychology Service			
CAMHS regional lead			
Community Psychology (if predicted medium to longer term community impact)			

Any other agency which has regular contact with key family members (including housing agencies) should also be included, where appropriate.

Appendix 3

AGENDA Multi Agency Immediate Response Group –
Date of meeting:
Time of meeting:
Venue for meeting:

		Who	Paper Reference
1.	Welcome, Introductions and Apologies	Chair	Verbal
2.	Outline Purpose of Meeting and Confidentiality Statement – see page 12 – 13 of protocol	Chair	Verbal
3.	Senior Investigating Officer to give report	Chair	Verbal
4.	Share Information Known a) Consider links to other recent incidents to identify potential cluster development b) Consider links to other processes (e.g., Child Protection, Adult at Risk)	Chair	Verbal
5.	Identify level of risk for each child / young person	Chair	Verbal
6.	Determine the need for briefing, counselling, and other support	Chair/All	Verbal
7.	Identify and agree person(s) responsible and timescales for individual tasks	Chair	Verbal
8.	Protection of front-line services	Chair/All	Verbal
9.	Consider Memorials/Celebration of life	Chair/ALL	Verbal
10.	Consideration of a Single Unified Safeguarding Review Referral to the Safeguarding Board (Decision can be deferred to Review IRG meeting if necessary)	Chair	Verbal
11.	Media response	Chair	Verbal
12.	Any Other Business	Chair	Verbal
13.	Time and venue of next meeting if required	Chair	Verbal
	DATE OF NEXT MEETING: To be advised		

Purpose of the Meeting

The purpose of this meeting is to consider [*critical incident*] and to manage any threat, risk, or harm to individuals and / or the wider community.

The content of this meeting is confidential and should not be shared outside this meeting without the permission of the Chair and this includes the content of any minutes.

The meeting will aim to reflect that all individuals who are discussed should be treated fairly, with respect and without improper discrimination. Everyone present needs to share all details that they have in relation to the individuals discussed in order to ensure that we are able to identify levels of risk and to agree appropriate support to meet their needs.

Everyone present should be mindful that anything disclosed during the meeting could be used as part of a criminal investigation.

During the course of the meeting, you may hear information which some people may find difficult or upsetting to hear. As part of this work, we all acknowledge that we cannot always get things right but will endeavour to get things least wrong.

The meeting will make recommendations for agencies to complete.

Immediate Response Group Attendance Record

Case

Date

Time

Confidentiality Statement

- This meeting has been convened to manage the consequences of a critical incident involving a child / young person up to the age of 25 years.
- The content of this meeting and the minutes are confidential and should not be shared without the permission of the Chair.
- The minutes may be subject to requests for disclosure under the Data Protection Act 1998. Each request will be considered on its merits.
- The meeting will aim to reflect that all individuals who are discussed should be treated fairly, with respect and without improper discrimination.
- The meeting may make recommendations to agencies.

When you sign the attendance sheet you are signing up to this confidentiality statement. All agencies should ensure that the minutes are retained in a confidential and appropriately restricted manner.

I confirm my commitment to the statement overleaf.

Name	Role / Job Title and Contact details for receipt of minutes (Please state preference – secure email or hard copy)	Signature

Appendix 4 – Examples of Critical Incidents and Their Management Processes

	Protocol
▪ Sudden unexpected death	PRUDIC
▪ Death at own hand	IRG Protocol
▪ Death by abuse / neglect	Wales Safeguarding Procedures / Child or Adult Practice Review
▪ Domestic Homicide	Domestic Homicide Review
▪ Missing child or young person	Safeguarding Children Board Protocol
▪ Repeat self-harm posing significant risk to self and significant impact on agencies	Risk Taking Behaviour Protocol (under 18's only)
▪ Incident with direct impact on more than one individual (e.g., near miss involving suicide pact, multiple substance misuse incidents, accident whilst on school trip, etc)	IRG Protocol Child Complex Abuse Protocol
▪ Multiple deaths (accidental)	IRG Protocol
▪ Multiple events (e.g., PRUDIC and suicide)	IRG Protocol
▪ Natural or man-made disasters	Emergency Planning
▪ Acts of terrorism	Emergency Planning / Prevent Strategy
▪ Serious illness of a group of children / young people (e.g., outbreak of meningitis)	IRG Protocol
▪ Kidnapping of a child or young person	Police Response
▪ Near fatal overdose with direct impact on more than one individual	IRG Protocol

	Name of person notified	By whom and when	Contact Details (Tel / Email)
Head of Safeguarding (LHB)			
Adult Mental Health			
CAMHS			
Community Psychology			
Children's Community Nursing Team			
General Practitioner			
Health Visitor			
Midwife			
School Nurse			
Safeguarding Children Team (LA)			
Emergency Duty Team			
Head of Adult Services (relevant LA)			
Head of Children Services (relevant LA)			
Safeguarding Children Board Development Officer			
Head of Youth Service			
Mental Health Service			
	Name of person notified	By whom and when	Contact Details (Tel / Email)
Adult At Risk Service			
Youth Counselling Service			
Youth Offending Team			
Police			
Superintendent			
PPU			
Investigating Officer			
Education			
Educational Psychology			
Head teacher (school/ alternative provision or college)			
Probation			
Probation – NPS			
Probation – CRC			
Other			

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Appendix 5

Communication Checklist

(Business Unit to ensure completion)

Critical incident involving:	Name:	
	DOB:	
	Address:	

Date of initial IRG:	
Venue of initial IRG:	

Please indicate below the services contacted to ascertain knowledge of young person involved in the critical incident and invited to attend the initial IRG meeting.

Appendix 6

SUPPORTING CHILDREN FOLLOWING A TRAGIC EVENT

Understanding your child

It is understandable for all children to be affected in some way by tragic events that happen in their local community. Every child will react in different ways.

It is unlikely that your child has been aware of such an event before, and so their reactions may be unfamiliar or concerning for you.

Here are some common reactions to tragic events that you may have noticed with your child:

Feelings	Thinking	Physical & Behaviour
Sadness	Difficulty concentrating	Difficulty sleeping
Anxiety	Bad dreams	Feeling tired
Anger	Thinking lots about what has happened	Restless
Guilt	Thinking that they cannot cope	Feeling sick
Low in mood	Less interest in doing things	Loss of appetite
Overwhelmed		More quiet / withdrawn
Confused		More frustrated
Sorrow		Tearful

Having these reactions does not mean there is something wrong with them.

They might last for a few days, a few weeks or perhaps longer - every child is different. There might be days where they are coping well, and days where they are struggling more. This might be really difficult and upsetting for you to see.

Supporting your child

Children need reassurance and support from their trusted adults to help them to feel safe, and to help them know that they have someone available to talk to who understands them.

Here are some things that you can do to help support your children in the coming weeks:

- Take time to listen to them
- Let them know their feelings and reactions are normal and understandable
- Give them reassurance and affection, letting them know you are there for them
- Be honest in showing your own sadness or grief that you might be feeling
- Keep to routines and patterns as much as possible
- Be aware that your child acting more clingy or aggressive may be a sign of their grief
- Try to keep them away from seeing too many reminders of the event (e.g., news stories)
- Encourage them to use their usual ways of coping with difficult situations & suggest new ways

Seek help if you are still concerned

If things do not seem to be getting better for your child over time, or you become increasingly concerned about their emotional wellbeing, then we would encourage you to seek support by contacting their GP.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Seicoledd
Cymunedol Plant
a Theuluoedd



Child & Family
Community
Psychology

Appendix 7

Useful Links

Identifying and responding to suicide clusters, A practice resource by Public Health England: [Identifying and responding to suicide clusters \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612442/identifying-and-responding-to-suicide-clusters.pdf)

Supporting Your Child, Self Harm and Suicide: [Supporting-Your-Child-A-Guide-for-Parents.pdf \(papyrus-uk.org\)](https://papyrus-uk.org/wp-content/uploads/2017/06/Supporting-Your-Child-A-Guide-for-Parents.pdf)

Practical support to help schools prepare for and recover from a suspected or attempted suicide

Gwent safeguarding Board has a published resource on working with issues of suicide and self-harm can be found here;

<https://www.gwentsafeguarding.org.uk/assets/document-library/Protocols-and-Procedures/Multi-Agency-Supervision-Principles.pdf>

Information for schools on how to prepare for and respond to a suspected suicide in schools, colleges, and other youth settings in Wales :

- [Help when we needed it most - English version Feb 2021.pdf \(samaritans.org\)](https://www.samaritans.org/help-when-we-needed-it-most-english-version-feb-2021.pdf)
- <https://www.samaritans.org/how-we-can-help/schools/step-step/>

Building Suicide-Safer schools and colleges: A guide for teachers and staff: [Schools guide | Papyrus UK | Suicide Prevention Charity \(papyrus-uk.org\)](https://papyrus-uk.org/wp-content/uploads/2017/06/Schools-guide-Papyrus-UK-Suicide-Prevention-Charity.pdf)

Appendix 8

Advice for Schools / alternative provision / Colleges

- Updating children and young people can be extremely difficult. It is advisable to tell staff first and give them time to take in the news before addressing students. Make sure that staff know where and to whom they can turn for emotional support.
- Staff should be made aware that it is possible to see challenging behaviours / distress that could last up to 8-12 weeks after an event. It is important to note that each child / young person will have different needs, and this is not an explicit timescale and should be monitored.
- Best practice suggests that, where possible, it is better to speak to students in small groups or classes.
- It is important to be factual but to avoid excessive detail about the critical incident itself. Rumours may be circulating, and people may ask directly but try not to disclose details about the incident.
- Consider preparing a statement for staff to use to ensure consistency across the school
- For more information on how to prepare for and respond to a suspected suicide in schools, colleges and other youth settings in Wales see *Help when we needed it most* and the *step-by-step* page by Samaritans (Links found in Appendix 7).

Appendix 9

Managing social media following Suicide

- Following a suicide, young people are likely to turn to social media for a variety of purposes. These include sending news out about a death (both accurate and rumoured), posting online messages (both appropriate and inappropriate), calling for impromptu gatherings and creating virtual memorials.
- It is advisable that an appropriate adult, for example a teacher who also has a safeguarding role within the school, meets with those young people who may have been affected by the critical incident to talk with them about what is being shared on social media. In these conversations the trusted adult can ensure that these children or young people know who they can contact if they are aware of, or concerned about, messages they see on social media sites.
- It is important to remind young people about the possible risks of online activity. Conversations might focus on how comments may become public without their permission, that online memorials can attract negative and hurtful comments, and/or that anything that talks about suicide in a positive way can be harmful to other children or young people.
- Organisations can consider creating a safe memorial page where offensive or negative comments can be removed.
- If this responsible adult becomes aware of concerning posts, they should:
 - Speak directly with those who have posted inappropriate comments.
 - Dispel rumours.
 - Notify parents and/or local authorities about the need for security at a late night gathering.
 - Contact emergency services and/ or parents when information posted online may indicate risk to a person's safety.
 - Report offensive material (or support young people to report if they wish); most sites allow you to report offensive material and request that the content be removed (although be aware this can take some time).

Sample response to social media posts that cause concern

(Taken from Identifying and responding to suicide clusters, A practice resource by Public Health England -Link found in Appendix 7)

If you or someone you know is feeling desperate help is always available. The best way to honour *[person's name]* is to seek help if you or someone you know is struggling. If you're feeling lost, desperate or alone please get in touch.

Samaritans 116 123 jo@samaritans.org

Papyrus Call: www.papyrus-uk.org Tel: 0800 068 41 41 Email: pat@papyrus-uk.org Text: 07786 209697

Childline www.childline.org.uk 08001111

Young Minds <https://youngminds.org.uk/> Parents helpline: 0808 802 5544

Campaign Against Living Miserable (CALM) www.thecalmzone.net 0800 58 58 58