

SUICIDE PREVENTION AND RESPONDING TO THE DEATH OF A LEARNER PROTOCOLS

Responsible for Implementation: Head of Safeguarding and Student Support

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About Us

Access Further Education Ltd ('The College') has subsidiary companies, trading names and trading partnerships through which it operates. The trading names and partnerships might have their own names or brands, but the legal entity for the purpose of this policy is Access Further Education Ltd. Trading subsidiaries, trading names and trading partnerships include Access Creative College ('ACC'), Access Industry ('AI') and Access Sport ('AS'). The dBs Institute (DBS Music UK Holdings and its subsidiaries), whilst a separate legal entity, shares common Directorships with the College.

1. Statement of purpose

The College recognises that:

- Suicide is the leading cause of death among people under 35, with young males particularly at risk.
- Suicide rates are rising among young people aged 10–24, affecting both males and females.
- Females are three times more likely to attempt suicide, and rates of self-harm are significantly higher among them.
- Half of those who self-harm go on to attempt suicide.
- Every suicide is a tragedy, and we play a vital role in preventing young suicide.

Our goal is to create a college where learners, staff, parents, and carers feel supported and know how to access help and respond confidently in times of crisis. We are committed to making our College as safe as possible for learners, by:

1. Providing access to support – ensuring learners know where and how to seek help.
2. Training and equipping staff – giving staff the confidence and skills to respond to learners in crisis, and ensuring they can access emergency services when needed. All staff complete annual safeguarding training.
3. Supporting professional development – encouraging ongoing training opportunities (including those from organisations such as Papyrus, Samaritans, Zero Suicide Alliance, and MIND) as part of staff CPD.

4. Embedding clear protocols – using structured processes, including a Traffic Light Risk System and Suicide Safety Plans, to guide prevention, intervention, and support for at-risk learners.

We strongly recommend that all staff read the Papyrus Suicide Prevention Guide and familiarise themselves with the guidance and appendices in this policy:

- Appendix 1 – Helpful and unhelpful language when talking about suicide
- Appendix 2 – How to intervene and ask questions about a learner at risk
- Appendix 3 – Protocol for supporting learners at risk (including Traffic Light System and Safety Plan)
- Appendix 4 – Protocol for supporting learners experiencing self-harm or suicidal ideation

2. Our Beliefs About Suicide and Its Antecedents

The College acknowledges that:

- Suicidal thoughts are common. Around 1 in 4 people report experiencing suicidal thoughts, and 1 in 10 make an attempt (Survey of Mental Health and Well-Being, 2014).
- Suicide is complex. Every suicide is a tragedy. There is rarely a single cause; instead, multiple factors, personal, social, and environmental often contribute. With the right support, suicide can often be prevented.
- Stigma is a barrier. Misunderstanding and stigma around suicide and mental illness prevent people from seeking or offering help. We are committed to open, sensitive, and non-judgmental conversations that challenge stigma and break down taboos.
- Support saves lives. The College will play an active role in supporting learners who may be experiencing suicidal thoughts, ensuring they have access to staff who are trained, approachable, and able to provide or signpost support.

3. Prevention

The College recognises that preventing suicide involves not only identifying and responding to risks, but also strengthening the protective factors that help learners to cope, stay connected, and feel supported.

The Role of Language

The way we talk about suicide can help or harm. Using sensitive and appropriate language builds awareness, empathy, and trust, while careless or stigmatising language can create barriers to seeking help.

Quick Reference: Talking About Suicide

Do say...	Avoid saying...
"It sounds like you're thinking about suicide. Is that right?"	"You're not thinking of doing something silly/stupid, are you?"
"Are you telling me you want to end your life?"	"It's not that serious."
"They died by suicide / took their own life."	"They committed suicide" / "It was successful/failed suicide."
"That was a suicide attempt."	"It was just attention seeking / just a cry for help."

Asking directly about suicide does not put the idea into someone's head it shows that it is safe to talk openly about their feelings.

Protective Factors

To build a suicide-safer college, we actively promote factors that reduce vulnerability and strengthen wellbeing, including:

- Resilience and coping skills – helping learners develop problem-solving, emotional regulation, and self-care strategies.
- Positive relationships – encouraging peer support, mentoring, and trusted staff connections.
- Inclusive and safe environments – creating spaces where learners feel valued, respected, and able to express themselves without fear of judgement.
- Access to support – ensuring learners know where and how to seek help, both inside and outside the College.
- Reducing stigma – encouraging open conversations around mental health to normalise seeking help.

External Support and Resources

When learners are struggling, additional professional support may be needed. The College signposts and collaborates with trusted organisations including:

- **PAPYRUS HOPELine UK** – 0800 068 4141 / Text 88247 / pat@papyrus-uk.org
- **Stay Alive App** – www.stayalive.app
- **Prevent Suicide UK** – www.prevent-suicide.org.uk
- **Samaritans** – 116 123 (24/7 free helpline)

4. Intervention

Intervention refers to any action taken to support a learner who may be at immediate risk of suicide or serious self-harm. The goal is to provide safety, connection, and appropriate help at the earliest possible stage.

Core Principle

- Talking about suicide saves lives. Asking a learner directly if they are thinking about suicide does not put the idea in their head — it shows that it is safe to talk.
- Suicidal feelings do not always lead to suicide. Timely support and compassionate listening can prevent a crisis from escalating.
- Staff are not expected to “fix” the situation but to respond calmly, provide safety, and follow agreed protocols.

Steps to Take if You Are Concerned About a Learner

1. Recognise and Respond
 - a. If you observe concerning behaviour or language, or if someone raises a concern, speak with the learner directly.
 - b. Share what you have noticed and express care: “I’ve noticed you seem really down lately, and I’m concerned about you.”
2. Ask Directly About Suicide
 - a. Use clear, non-judgemental language: “Are you thinking about suicide?”
 - b. If the learner says yes, treat this as a safeguarding concern immediately.
3. Ensure Immediate Safety
 - a. Do not leave the learner alone if they are at immediate risk.
 - b. Contact the safeguarding team and/or emergency services (999) without delay if there is an imminent danger.
4. Share Information Appropriately
 - a. Suicidal disclosures must be shared with the safeguarding team and, where appropriate, with parents/carers.
 - b. For learners aged 16–17, or vulnerable learners aged 18+, the safeguarding team will contact

parents/carers and invite them in to discuss support.

5. Provide Ongoing Support and Referral

- a. Learners should be signposted to 24/7 support (e.g., Samaritans, Papyrus HOPELine, Stay Alive app).
- b. A Suicide Safety Plan may be developed with the learner (see Appendix 3).
- c. Where needed, referrals will be made to GPs, CAMHS, or other external mental health services.

Remember:

- Stay calm, listen without judgement, and avoid minimising the learner's feelings.
- Intervention is about connection and safety, not solving everything in one conversation.
- All concerns must be recorded on MyConcern and followed up.

For detailed guidance on how to intervene and ask questions, see Appendix 2

For protocols on risk levels and safety planning, see Appendix 3 and 4.

5. Postvention

Postvention refers to the actions taken after the sudden or unexpected death of a learner, including suspected suicide. Its purpose is twofold:

- To support those who are grieving or affected.
- To reduce the risk of further harm, including the possibility of suicide contagion.

Effective postvention is an essential part of suicide prevention.

Our Commitments

- Provide timely, compassionate support to learners, staff, and families.
- Communicate clearly and sensitively, avoiding speculation or stigmatising language.
- Identify individuals who may be at increased risk and ensure appropriate support is in place.
- Work in partnership with local agencies (e.g., Samaritans, NHS, local authorities) to ensure specialist help is available.

Immediate Actions (Within 24 Hours)

- **Activate Protocols:** The Head of Support, Student Services and Safeguarding (Implementation Officer) will initiate the Suicide / Unexpected Death Protocols.
- **Coordinate Response:** The Implementation Officer works with the Chief Executive Officer/Chief Operating Officer and Head of Centre to oversee communications, staff support, and learner wellbeing.
- **Communicate Carefully:** All communications with staff, learners, families, and media are centrally approved to ensure accuracy, sensitivity, and respect for the family.

Support for Learners and Staff

- **Learners:** Cohorts directly affected will be informed in small, supported groups, with pastoral staff present. Conversations will be simple, compassionate, and free from detail about the method of death. Learners will be reminded of available supports (internal and external).
- **Staff:** All staff, including tutors, support staff, and administrators, may be impacted. Debriefs, counselling, and signposting to support (e.g., Samaritans, Employee Assistance Programme) will be provided.
- **Family Liaison:** Communication with the family will be led by the Head of Centre in consultation with the Implementation Officer and senior leaders, respecting their wishes at every stage.

Medium-Term Actions (Within Days–Weeks)

- Invite local Samaritans Postvention Advisors to provide specialist input and training.
- Monitor learners and staff for signs of distress or increased vulnerability at weekly “Pastoral/At Risk” meetings.
- Identify individuals at higher risk of suicide (e.g., close friends, those with previous safeguarding concerns) and ensure they are supported through the College’s safeguarding and wellbeing systems.
- Provide safe spaces for learners to express grief and access counselling or therapeutic support.

Longer-Term Actions (Ongoing)

- Continue to review the impact of the death within the College community, addressing emerging needs.
- Ensure consistent monitoring of wellbeing, with follow-up support available months after the event.
- Evaluate the effectiveness of postvention actions through pastoral and safeguarding reviews.
- Use learning from each incident to strengthen prevention and intervention protocols.

Guiding Principles for Communication

- Use phrases such as “died by suicide” or “sudden unexplained death” — avoid terms like “committed suicide” or any speculation about the cause.
- Do not share details of the method of death.
- Focus communications on support, resilience, and where help is available.

Postvention is about compassion, clarity, and care. By responding in a planned and sensitive way, the College aims to honour the life of the learner, support those grieving, and prevent further harm.

6. Appendix 1 - Guidance: Helpful and Unhelpful language when talking about suicide

Language can either create safety or cause harm. Papyrus emphasises that *“using sensitive and appropriate language helps build awareness, understanding, empathy and support.”*

This appendix provides practical guidance for staff when talking with learners about suicide.

Asking About Suicide

- Asking directly — *“Are you thinking about suicide?”* — shows a young person it is safe to talk openly.
- It does **not** put the idea in their head.
- If they say **no**, but you still feel concerned, gently explore why your concerns remain.
- Remember: thoughts of suicide are not uncommon. With help and support, many people can stay safe.

Use Helpful Language...	Avoid Unhelpful Language...	Why?
“It sounds like you are thinking about suicide. Is that right?”	“You’re not thinking of doing something silly/stupid, are you?”	Avoids judgement and denial.
“Are you telling me you want to end your life?”	“It’s not that serious.”	Dismissing feelings increases risk.
“They attempted suicide / engaged in suicidal behaviour.”	“Failed attempt” / “Unsuccessful suicide.”	Every attempt is serious — language of “failure” adds shame.
“They died by suicide / took their own life.”	“Committed suicide” / “Successful suicide.”	“Commit” implies crime or sin; “successful” implies achievement.

"They needed help and support."	"Attention-seeking" / "Just a cry for help."	All suicidal behaviour signals a need for care, not dismissal.
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When Talking About Attempted Suicide

- **Say:**
 - "Attempted to take their life"
 - "Attempted suicide"
 - "Engaged in suicidal behaviours"
- **Avoid:**
 - "Unsuccessful attempt" / "Failed suicide" → Suggests shame or failure.
 - "It's not that serious" → Minimises real risk to life.
 - "Attention seeking" / "Just a cry for help" → Belittles their need for support.

When Talking About Suicide

- **Say:**
 - "Ended their life"
 - "Took their own life"
 - "Died by suicide"
 - "Killed themselves"
- **Avoid:**
 - "Successful suicide" → No death is a success.
 - "Committed suicide" → Implies crime or sin (suicide has not been a crime since 1961).

Further Resources

- **Papyrus** – Building Suicide-Safer Schools and Colleges
- **Samaritans** – Resources on safe conversations
- **Mind** – Information on suicidal thoughts and recovery
- **NHS Guidance** – *Suicide prevention: developing a local action plan* (2016)
- **Public Health England** – *Support after a suicide: providing local services* (2017)

Key principle: Speak with honesty, compassion, and without judgement. Safe language makes it possible for young people to share openly and seek help.

7. Appendix 2 – Guidance: How to Intervene and Ask Questions About a Learner at Risk of Suicide

Supporting a learner who may be thinking about suicide requires clarity, sensitivity, and calm confidence. This guidance is designed to help staff know what to look for, what to ask, and how to respond safely.

1. Do I Have a Concern About a Young Person?

- Trust your gut instinct.
- Concerns may arise from something you have seen, heard, or been told.
- Communicate directly: explain what you've noticed and why you're concerned.

2. How Will I Know if the Young Person Is Suicidal

- Learners may communicate distress in subtle ways — not always in clear statements.
- Warning signs can appear in:
 - Behaviour (withdrawal, risk-taking, agitation)
 - Interactions (changes in relationships, isolation)
 - Communication (direct or indirect references to hopelessness or wanting to die)
- If suicide is suggested, even indirectly, treat it as serious.
- The only way to know for sure is to ask directly about suicide.

3. Indicators to Look Out For

While not exhaustive, possible risk indicators include:

- Major life events: bereavement (family, friend, pet), relationship breakdown, change of school/college, bullying, or assault.
- Self-harm (though this does not always mean suicidal intent).
- Changes in health or behaviour: poor sleep, significant weight loss, withdrawal, anger, helplessness, loneliness.
- Multiple stressors combined with a major loss or disruption.

4. How Do I Ask About Suicide?

- Asking directly shows it is safe to talk and does not put the idea into someone's head.
- Example helpful questions:
 - "It sounds like you are thinking about suicide. Is that right?"
 - "Are you telling me you want to kill yourself/end your life/die?"
 - "Sometimes when people feel this way, they think about suicide. Is that what you're thinking about?"
 - "It sounds like life feels too hard for you right now, and you want to kill yourself. Is that right?"
- If the learner says they are not suicidal but you remain concerned, keep exploring gently until you feel confident they are safe.

5. How Do I Talk About Suicide Safely?

Continue the conversation with empathy, calmness, and without rushing to "fix" things. Helpful phrases include:

- "It's hard and scary to talk about suicide, but take your time — I will listen."
- "Can you tell me more about why you want to die?"
- "It sounds as if things are really hard at the moment... can you tell me a bit more?"
- "You've shown a lot of strength in telling me this. I want to help."

8. Appendix 3 – Protocols for Supporting Learners at Risk of Suicide

All staff must treat any disclosure or suspicion of suicidal thoughts as a **safeguarding concern** and follow college protocols without delay.

1. Immediate Safeguarding Response

- Any instances of suicidal thoughts or behaviours must be **raised as a safeguarding case immediately**.
- DSLs (Designated Safeguarding Leads) must be notified at once so they can provide immediate support.
- Initial response may involve:
 - A calm, supportive conversation with the learner
 - Pastoral support
 - Signposting to external services

2. Emergency Action

- If the learner is at **immediate risk**:

- Contact **emergency services (999)**.
- A member of staff must **remain with the learner at all times** until emergency support arrives.
- Ensure the learner stays safely on the premises until they are transferred to professional care.
- If not an emergency but support is required:
 - Assist the learner in arranging a **GP appointment**.
 - Share information with health professionals (e.g. CAMHS) **with the learner's consent**.

3. Providing Ongoing Support

- Always give learners details of **24/7 crisis support services** for use outside college hours.
- All communication and decisions should be made in collaboration with the learner wherever possible.

4. Monitoring and Risk Assessment – Traffic Light System

The College uses a Traffic Light System to assess and monitor risk:

- Green – A situation is known, but the learner appears to be coping and is openly sharing concerns with staff.
- Amber – The learner is frequently seeking staff support, expressing ongoing concerns, and showing signs of distress.
- Red – The learner is experiencing and/or expressing suicidal thoughts; the impact of suicidal contagion may be present.

Note: Life events that may trigger escalation include:

- Bereavement (family, friend, or peer suicide)
- Diagnosis of long-term mental or physical health condition (e.g. depression, CPTSD)
- Neglect, abuse, or trauma
- Sexual violence
- Alcohol or substance misuse

All cases must be logged in **pastoral records** and escalated to **MyConcern** if risk of self-harm or suicide is suspected.

5. Suicide Safety Plan

- Learners identified as needing emergency treatment or referred to external services for suicidal ideation will be supported with an agreed **Suicide Safety Plan** (as per Papyrus guidance).
- Example templates and tools are available here: [Papyrus Suicide Safety Plan](#).
- Key requirements:
 - Any learner with a Suicide Safety Plan must be placed on the **Pastoral/At Risk support list**.
 - Responsibility for this lies with the staff member who helped create or became aware of the plan.
 - The learner must also be recorded as an **active safeguarding case** and managed by the safeguarding team.

9. Appendix 4 – Protocols for Supporting Learners: Self-Harm or Suicidal Ideation

Staff have a **duty of care** to respond promptly and appropriately when a learner presents with self-harm or suicidal ideation. The following mental health first aid actions must be followed.

1. Overdose or Severe Self-Harm (requires hospital treatment)

- **Call 999 immediately.**
- Apply **first aid** (e.g. cover wounds with protective dressings).
- A member of staff may need to **accompany the learner in the ambulance**.
- Inform **parents/carers or next of kin** as soon as possible.

2. Suicidal Thoughts with Intention to Act

- If a learner expresses **clear intent to end their life**:
 - **Call 999 immediately.**
 - Do **not** leave the learner alone until paramedics take over.
 - A staff member may need to **accompany them to hospital.**
 - Inform **parents/carers or next of kin.**

3. Visible Self-Harm (bleeding/injury)

- Provide **emergency first aid** (apply pressure/dressings).
- If there is **profuse bleeding or serious injury**:
 - **Call 999 immediately.**

4. Less Serious Injuries

- For minor self-harm injuries (non-life-threatening):
 - For **16–18 year olds** or **19+ vulnerable learners**, contact **parents/carers.**
 - Request that they take the learner to **A&E.**
 - If parents/carers are **unavailable**, call **999.**
 - If the learner is taken by ambulance, a staff member may need to accompany them.

5. Suicidal Thoughts Without Immediate Intention

- If a learner reports suicidal ideation but **no immediate intent**:
 - For **16–18 year olds** or **19+ vulnerable learners**, contact **parents/carers.**
 - Arrange an **emergency GP appointment** as soon as possible.

6. If Parents/Carers Cannot Be Contacted

- A member of the **safeguarding team** may contact the GP surgery directly to make an emergency appointment.
- A staff member must **accompany the learner to the GP.**
- If possible, parents/carers/next of kin should meet staff at the surgery.
- If they are unavailable, it is acceptable to **hand over the learner's care to GP staff.**

Key Principles:

- Always escalate immediately if risk is present.
- Never leave a learner alone if they are at risk.
- Always inform parents/carers or next of kin (unless unsafe to do so).
- Record the incident as a **safeguarding case.**

10. Appendix 5 – Protocols: Internal Procedures and Processes (Postvention)

In the event of the sudden, unexpected death of a learner — including suspected suicide — all staff must follow these protocols. They are based on the Samaritans “Step by Step” approach and are intended to reduce distress, provide support, and minimise the risk of further harm.

1. Purpose of Postvention

- Postvention refers to the actions taken after a suicide or sudden death to support those affected.
- Effective postvention reduces trauma, supports recovery, and can prevent further suicides.
- The College is committed to responding within 24 hours to maintain stability and provide immediate care.

2. Immediate Actions

- Notify the Implementation Officer immediately (Head of Safeguarding and Student Support)
- Do not issue any communication (internal or external) before consulting with the Implementation Officer.
- The Implementation Officer will coordinate all actions with the Chief Executive Officer (CEO) and/or Chief Operating Officer (COO).
- All staff must ensure information is passed on swiftly and accurately.

3. The Postvention Team

- Led by the CEO/COO, coordinated by the Implementation Officer.
- Membership varies by centre but may include:
 - Head of Centre
 - Learner Support Manager
 - Designated Safeguarding Leads
 - Pathway Manager / Course Leader
- The local Samaritans branch will provide a Postvention Advisor within 48 hours.

4. Communication Protocols

- Approval: All communications (letters, emails, statements) must be approved by the CEO/COO and Implementation Officer.
- Internal notifications:
 - Heads of Centre inform teaching and support staff who worked closely with the learner within 1 hour of notification.
 - Staff must be told before they next meet learners.
- Learners:
 - Cohort and close friends are informed in small groups, with support staff present.
 - Use simple, minimal language: "We have some very sad news... [name] has died suddenly."
 - Avoid details of the method or speculation.
 - Use safe language ("took their own life", not "committed suicide").
- Parents/carers of other learners: May be informed where risk of distress or contagion is high, with guidance from Samaritans materials.
- Media/public enquiries:
 - Refer all to the Implementation Officer.
 - Only use agreed phrases: "sudden unexplained death" or "loss of a learner".
 - Never confirm suicide until the coroner's verdict.

5. Supporting Staff

- All staff may be distressed by the news. Support includes:
 - Immediate debrief with Heads of Centre and managers.
 - Cover for teaching sessions if needed.
 - Access to the Employee Assistance Programme.
 - Referral to Samaritans (24/7 helpline: 116 123) or other wellbeing services.
- Staff should feel able to share concerns about their own wellbeing or about learners' responses.

6. Supporting Learners

- Learners should have opportunities to express emotions and seek support.

- Centres should provide:
 - Safe spaces for conversations.
 - Access to counsellors, pastoral staff, or external therapists.
 - Copies of Samaritans' and Papyrus resources.
- Remind learners that feelings may change over time and support will remain available.

7. Coroner and Joint Agency Processes

- A Police Coroner Officer (PCO) will request reports soon after the death.
- The College must provide:
 - Course performance records
 - Safeguarding and pastoral notes
 - Staff testimonies (if requested)
- All documents are sent by the Head of Centre, supported by the Implementation Officer.
- Staff must not open or retain sensitive coroner reports if mistakenly received — forward to the Implementation Officer immediately.
- College representation at the "Final Death Review Meeting" will usually be by the Head of Centre.

8. Preventing Contagion

- Staff should watch for signs of distress or "copycat" risk among peers.
- Weekly Pastoral/At-Risk meetings will review wellbeing and coordinate support.
- Parents/carers may be informed proactively if peers are at increased risk.

9. Tributes and Memorials

- All tributes are coordinated by the Implementation Officer.
- Usual actions:
 - Head of Centre sends condolences and flowers.
 - COO may issue a formal tribute on behalf of the College.
- Memorial activities must be assessed sensitively to avoid unintended risk.

10. Key Principles for Staff

- Report immediately – always inform the Implementation Officer first.
- Use safe, respectful language – avoid speculation and stigmatising terms.
- Look after yourself as well as others – seek support if you are distressed.
- Follow agreed communication channels – no independent statements or responses.