



# SUICIDE PREVENTION POLICY

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Bolton Wanderers Football Club is committed to creating a safe, supportive, and inclusive environment where the wellbeing of all children, young people, and adults is paramount. We recognise that suicide is a serious public health concern and remains a leading cause of preventable death among young people in the UK.

BWFC acknowledges that suicide prevention is everyone's responsibility. We recognise that individuals in our community children, young people, staff, volunteers, parents, and carers may experience suicidal thoughts or behaviours, and that early identification, intervention, and appropriate support can save lives.

This policy is underpinned by the Suicide Prevention Strategy for England 2023–2028, guidance from PAPHYRUS (Prevention of Young Suicide), and evidence-based suicide intervention frameworks including LivingWorks ASIST (Applied Suicide Intervention Skills Training). It reflects national best practice and aligns with BWFC's broader safeguarding, anti-bullying, and mental health commitments.

This policy applies to all staff, volunteers, coaches, parents, carers, and others who work with or on behalf of Bolton Wanderers Football Club and its academy.

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## Suicide Prevention Policy

### **Purpose**

The purpose of this policy is to:

- Create a suicide-aware culture where warning signs are recognised early and responded to appropriately
- Ensure that all staff, volunteers, and coaches are equipped with the knowledge and confidence to identify individuals at risk of suicide and to respond compassionately and effectively
- Establish clear reporting routes and escalation procedures for concerns about suicide risk
- Provide appropriate support to individuals experiencing suicidal thoughts or behaviours
- Support individuals bereaved by suicide
- Clarify roles and responsibilities in suicide prevention
- Comply with statutory safeguarding duties under the Children Act 2004 and relevant football governance requirements

### **Scope and definitions**

#### *Suicide and Suicidal behaviours and definitions*

*Suicide* is the act of deliberately ending one's own life[1].

*Suicidal thoughts or ideation* refers to thinking about, considering, or planning suicide. This may include passive wishes (e.g., "I wish I was dead") or active intent to end one's life.

*Self-harm* is the deliberate injury of one's own body as a coping mechanism (e.g., cutting, burning, or overdosing). Whilst not always indicative of suicidal intent, self-harm is associated with elevated suicide risk and should be taken seriously[1].

*Suicide risk factors* include, but are not limited to:

- Mental health conditions (e.g., depression, anxiety, eating disorders, personality disorders)

- Previous suicide attempts or self-harm
- Bullying (including cyberbullying)
- Bereavement (especially by suicide)
- Social isolation or loneliness
- Trauma, abuse, or adverse life events
- Substance misuse
- Relationship breakdown or conflict
- Academic or sporting pressure
- Identity concerns (including LGBTQ+ young people, who face elevated risk)
- Access to means of suicide
- Chronic illness or pain

*Protective factors* include:

- Strong family and social connections
- Sense of belonging and purpose
- Access to effective mental health support and services
- Resilience and coping skills
- Positive self-image and identity
- Engagement in meaningful activities (including sports)
- Clear communication with trusted adults

*Scope*

This policy covers:

- Children and young people (under 18) in BWFC Academy
- Adults (18+) who work for or volunteer with BWFC, including players, staff, and parents
- Concerns about individuals who may be at risk of suicide
- Concerns about individuals who are bereaved by suicide
- Responses after a suspected or confirmed suicide

This policy is **not** a replacement for professional mental health services or crisis intervention. Where immediate risk is identified, emergency services must be contacted (see below).

## **Prevention principles**

**If you are worried about suicide (At a glance):**

- **Notice:** Take what you see or hear seriously.

- **Talk:** Stay calm, listen, and do not promise complete confidentiality.
- **Tell:** Contact the DSO/HoS immediately and record the concern.

#### *Early Identification and Awareness*

All staff and volunteers should be aware of warning signs that an individual may be at risk of suicide. These include:

#### *Behavioural Changes:*

- Withdrawal from peer relationships, activities, or social groups, including disengagement from regular participation in club activities
- Changes in performance or participation levels
- Increased absences or noticeable disengagement
- Giving away possessions or making arrangements suggesting permanent departure
- Sudden or marked changes in mood
- Increased irritability, anger, or aggressive outbursts
- Engagement in uncharacteristic risk-taking or reckless behaviour

#### *Emotional and Verbal Signs:*

- Expressing hopelessness, worthlessness, or feeling like a burden ("Everyone would be better off without me")
- Talking about death or suicide, or making jokes about suicide
- Expressing trapped feelings or seeing no way out
- Verbal expressions of pain that seems disproportionate to events
- Increased substance use
- Recklessness or self-destructive behaviour

#### *Physical Signs:*

- Self-harm marks or scars
- Poor self-care or appearance
- Sleep disturbances (excessive sleeping or insomnia)
- Changes in appetite or weight

#### *Social and Situational Factors:*

- Recent bereavement, loss, or significant life event
- Bullying or social conflict
- Concerns from parents, peers, or other staff

**Please note:** Absence of these signs does not mean someone is not at risk. Conversely, the presence of one or more signs does not necessarily indicate suicide risk but warrants further assessment and support.

## **Culture and environment**

BWFC commits to:

- Creating an inclusive, safe, and non-judgmental environment where individuals feel comfortable discussing mental health and wellbeing
- Reducing stigma around mental health and suicide through ongoing awareness-raising
- Embedding positive mental health messages in all communication (newsletters, meetings, training)
- Promoting help-seeking behaviour as a sign of strength, not weakness
- Regularly reviewing the culture and environment to identify barriers to reporting concerns
- Supporting staff and volunteers to develop their own mental health literacy and resilience

## **Roles and responsibilities**

### **Designated Safeguarding Officer (DSO)**

The DSO has lead responsibility for suicide prevention within BWFC. Their responsibilities include:

- Coordinating all training and awareness-raising activities related to suicide prevention
- Ensuring clear reporting routes are in place and communicated to all staff and volunteers
- Responding to reports of suicide risk and coordinating appropriate support
- Liaising with external agencies (e.g., local safeguarding partnership, crisis teams, schools)
- Maintaining confidential records of individuals at risk (see Section 8)
- Leading postvention (post-suicide) support and learning following a suicide in the BWFC community
- Ensuring this policy is reviewed annually and updated as necessary
- Ensuring all staff receive suicide prevention training

### **Head of Safeguarding (HOS)**

The HoS will:

- Support the DSO in coordination of suicide prevention
- Assist in responding to reports of suicide risk
- Liaise with external agencies and statutory services

- Support staff wellbeing and resilience

### **All Staff Volunteers, coaches and players**

All individuals working with or for BWFC have a responsibility to:

- Complete suicide prevention training (see Section 7)
- Remain alert to warning signs of suicide risk
- Report concerns promptly to the DSO or HoS (see Section 5)
- Support individuals identified as at risk in line with agreed plans
- Maintain confidentiality and treat disclosures with sensitivity
- Seek support themselves if experiencing suicidal thoughts or distress

### **Parents and Carers**

Parents and carers should:

- Attend suicide prevention awareness sessions if offered
- Report concerns about a child or young person to the DSO or school/health professionals
- Support and complete any agreed plans to support a young person at risk
- Seek professional support if they have concerns about their own mental health

### **Limits of staff responsibility**

BWFC staff, volunteers, coaches and players are **not** expected to make clinical judgments, diagnose mental health conditions, or decide the clinical level of suicide risk. They are expected to:

- Notice and respond to signs of concern.
- Listen, reassure and take all disclosures seriously.
- Report concerns promptly using the routes in this policy.
- Follow the directions of the DSO, HoS and external professionals.

Decisions about clinical risk, diagnosis, treatment and ongoing therapeutic intervention sit with health professionals (for example CAMHS, NHS crisis teams, GPs and mental health services). BWFC's role is to identify concerns early, share information appropriately and support access to professional help, not to replace clinical services.

## **Reporting concerns and escalation procedures**

### **When to Report**

A concern should be reported if:

- An individual has disclosed suicidal thoughts, feelings, or intent
- Self-harm has been observed or disclosed
- An individual is bereaved by suicide
- Warning signs (see Section 4) have been observed and there is concern about suicide risk
- A third party (e.g., a friend, family member, or school) has raised concerns about suicide risk

**Important:** It is always better to report a concern and have it assessed than to remain silent. Reporters should not attempt to diagnose or determine whether someone is "really" at risk; that is a professional assessment.

### **Reporting Routes**

#### **For concerns about a child or young person:**

Report to the **Designated Safeguarding Officer (DSO)** or **Head of Safeguarding (HoS)** immediately (straight after becoming aware of the concern).

Reports can be made:

- In person
- By telephone
- By email (marked confidential)
- Via the Club's Reporting Platform Patronus or anonymous reporting mechanism (see below)

Contact details for the DSO and HoS should be clearly displayed in all BWFC facilities and communicated to staff, volunteers, and families through newsletters and induction materials.

### **Anonymous Reporting**

BWFC recognises that some individuals may prefer to report concerns without identifying themselves. Anonymous reporting mechanisms will be made available, which may include:

- Anonymous online reporting form accessible via the Club website or Reporting Platform
- Confidential reporting mechanisms to be established and clearly promoted

All reports, including anonymous reports, will be received seriously and acted upon without delay.

## **Immediate Risk**

If there is an immediate and clear risk that an individual may attempt suicide, emergency services must be contacted immediately (call 999 or go to the nearest Accident & Emergency department).

The individual should not be left alone, and basic first aid should be administered if there is physical injury.

After emergency services have been contacted, the DSO should be informed without delay.

## **Response and assessment**

### **Initial Response**

When a concern is reported, the DSO (or HoS) will:

#### **1. Listen without judgment**

- Respond with calm, compassion, and sensitivity
- Take the concern seriously and validate the individual's experience
- Avoid minimising, dismissing, or trivialising the individual's feelings
- Clarify that absolute confidentiality cannot be guaranteed if there is risk to life, and that information may need to be shared to ensure safety

#### **2. Gather information**

Use open, exploratory questioning to understand the individual's experiences and concerns. Establishing relevant contextual factors, including recent significant events or sources of stress. Sensitive establish whether the individual is experiencing suicidal thoughts and, where appropriate:

- Whether they have considered a specific method
- Whether they have access to potential means of harm
- Their assessment of how soon they might act
- Establish who else is aware of the individual's concerns

#### **3. Assess risk level**

The DSO will apply professional judgment (informed by training and this framework) to determine the level of immediate risk

**Imminent risk:** Contact emergency services immediately; see Section 5.5 below

**High risk:** Arrange urgent referral for professional mental health assessment

**Moderate to lower risk:** Proceed to planning support and intervention

### **Ensure safety**

Where imminent risk is identified, emergency services must be contacted without delay. Identify and brief a responsible adult to maintain appropriate supervision until the individual is safely in the care of a qualified professional.

Take appropriate steps to prevent the individual from leaving unsupervised while there is reasonable concern regarding risk to themselves

### **Seek professional assessment**

For children and young people, contact parents or carers and the relevant school immediately, except where doing so would increase risk of harm

Make urgent referral to Child and Adolescent Mental Health Services (CAMHS) or NHS mental health crisis services for professional assessment

For adults, refer to appropriate adult mental health services or crisis support

Provide relevant individuals and families with details of crisis support and help-seeking resources

### **Record the concern**

Complete and securely retain a written record of the concern, which should include:

- Date, time, and location when the concern was reported
- Identities of the individual(s) involved
- Detailed account of the concern as reported or observed
- Assessment of risk level made
- Actions taken and by whom
- Planned next steps and follow-up arrangements
- Store records securely within the Club's Safeguarding Reporting System with appropriate access restrictions

### **Risk Assessment Framework**

The DSO will assess suicide risk using the following framework, informed by LivingWorks ASIST and clinical best practice:

#### **Factors to consider:**

- Expressed intent and desire to die
- Presence of a specific plan and access to means of harm
- Level of hopelessness and ability to identify reasons for living
- Protective factors (family relationships, peer support, sense of purpose, engagement in activities, demonstrated resilience)

- Identifiable stressors (losses, interpersonal conflict, experiences of bullying, pressure)
- Personal and family history (previous attempts, suicide bereavement, mental health concerns)
- Current psychological state and level of distress

**High risk indicators** include:

- Clear expressed intent to end one's life
- Presence of a specific, detailed plan with access to potential means
- Absence of protective factors or inability to articulate reasons for living
- Recent significant loss or bereavement
- Access to lethal means

**Imminent risk indicators** (requiring emergency response) include:

- Individual is currently attempting suicide or has recently done so
- Explicit statements of immediate intent to act
- Detailed, specific plan with immediate access to means
- Individual cannot be safely supervised or is at acute risk during this contact

## **Support and intervention planning**

### **If the Individual Consents to Support:**

Where suicide risk is assessed as lower to moderate and the individual consents, an **intervention plan** will be developed. This should:

#### **Identify and strengthen protective factors**

- Family and peer relationships
- Engagement in meaningful activities (including sports and the club)
- Sense of purpose and achievement

#### **Address modifiable risk factors**

- Bullying or conflict: liaise with anti-bullying procedures
- Academic/sporting pressure: discuss expectations and support
- Social isolation: encourage participation and peer connection

#### **Connect to professional support**

- Referral to school counsellor, CAMHS, or GP for assessment
- Signpost to services (see Section 9)
- Provide information about local crisis support

#### **Establish a key contact within BWFC**

- A designated member of staff (e.g., coach, welfare officer) to check in regularly
- Clear communication plan with family and any professional services involved
- Regular review of the plan (at least fortnightly or as agreed)

#### **Restrict access to means**

- Work with parents/carers to reduce access to lethal means at home if appropriate
- Ensure the individual is not left alone during high-risk periods

#### **Confidentiality and information-sharing**

- Clarify what information will be shared with parents, school, health services, etc.
- Obtain consent where possible, but note that safeguarding duties may require information-sharing without consent if there is risk to life

#### **If the Individual Does Not Consent to Support**

Confidentiality cannot be absolute where there is a risk to life or a safeguarding concern. For **children and young people**, the Club's duty to safeguard will normally mean sharing concerns with parents/carers and relevant agencies. For **adults**, information will usually only be shared with consent, unless there is a serious and immediate risk to life or to others.

Inform parents/carers or the school immediately

- Refer to appropriate professional services regardless of individual consent
- Continue to monitor and offer support
- Involve senior leadership and the Safeguarding Board as necessary

### **Training and awareness**

#### **Suicide Prevention Training**

**All staff and volunteers at BWFC will complete suicide prevention training at least annually, including:**

- Recognition of warning signs and risk factors
- How to have a compassionate conversation about suicide
- Responding to disclosures
- Reporting and escalation procedures
- Understanding limits of role (BWFC staff are not trained therapists)
- Self-care and support for staff

**Training will be delivered through:**

- **Induction:** All new staff and volunteers will receive suicide prevention training as part of induction
- **Annual refresher:** Attendance at annual safeguarding and suicide prevention training
- **Specialist training:** The DSO and HoS, will receive additional training, including **LivingWorks ASIST** (Applied Suicide Intervention Skills Training) or equivalent
- **Mental health first aid:** Key staff will be trained in mental health first aid

Training will emphasise that staff are not therapists and are not responsible for clinical decision-making, but for recognising concerns, responding compassionately and escalating promptly in line with this policy.

### **Awareness Raising**

BWFC will:

- Share information about suicide prevention, warning signs, and how to access support via newsletters, social media, and noticeboards
- Promote campaigns during national awareness periods (e.g., World Mental Health Day in October, Suicide Prevention Day in September)
- Facilitate age-appropriate conversations with young people about mental health, feelings, and help-seeking
- Engage parents and carers through Walk Ins and information sessions
- Signpost regularly to crisis support services and mental health resources

### **Staff Wellbeing**

Responding to suicide risk can be emotionally challenging. BWFC commits to:

- Providing debriefing and support for staff after responding to a concern
- Ensuring staff have access to counselling or employee assistance programmes
- Normalising discussion of staff mental health and wellbeing
- Encouraging staff to seek help if they are experiencing suicidal thoughts themselves

### **Record keeping and confidentiality**

#### **Records**

All records of suicide concerns will be:

- Stored securely on the **Club's Safeguarding Reporting System** with restricted access (DSO, HoS, and senior leadership only)

- Kept confidential and separate from general personnel files unless escalated to formal investigation or allegation
- Retained in line with statutory safeguarding guidance (typically until the individual reaches age 25, or 6 years after the last record entry)
- Reviewed regularly to identify patterns, themes, or training needs

### **Confidentiality**

Information about suicidal thoughts or self-harm is sensitive and should be treated confidentially. However:

- **Confidentiality cannot be absolute if there is a risk to life.** The DSO will inform an individual who discloses suicide risk that information may need to be shared with parents, schools, or professionals to keep them safe
- Information will be shared only on a **need-to-know basis** and with consent where possible
- Parents/carers should generally be informed if a child is at risk, except where doing so would increase risk (e.g., in cases of abuse)
- Information may be shared with local safeguarding partnership, police, or health services if required by law or safeguarding duty

### **Record Content**

Records should include:

- Date, time, and location of concern
- Names of individuals involved
- Details of the concern (what was said/observed, in the individual's own words where possible)
- Assessment of risk (how imminent and severe)
- Actions taken (who was contacted, referrals made)
- Follow-up plan and date of next review
- Signature and date

### **Postvention (Post-suicide response and support)**

#### **In the Event of a Suspected or Confirmed Suicide**

Should a member of the BWFC community (child, young person, staff member, or parent/carer) die by suicide or suspected suicide:

#### **Secure immediate information**

- Obtain factual information from family, emergency services, or employer
- **Do not speculate or share unconfirmed information**

### **Convene leadership meeting urgently**

- Brief leadership and key staff
- Plan response and communication strategy

### **Identify those affected**

- Teammates, coaches, close friends, peers
- Staff members who worked closely with the individual
- Any individuals who may have been present or involved

### **Provide immediate support**

- Ensure no individual is left alone if they are distressed
- Provide access to counselling and crisis support
- Signpost to specialist bereavement support services (see Section 9)

### **Plan communications**

- Draft a factual, compassionate statement for parents/carers, staff, and players
- **Do not glorify or romanticise suicide; avoid language like "they have gone to a better place"**
- Acknowledge grief and loss; provide information about how to access support
- Communicate via multiple channels (letter, email, in-person meeting, notice at the club)

### **Ongoing support**

- Provide counselling and bereavement support for those affected
- Identify individuals at heightened risk of suicide (e.g., close friends, those with previous mental health concerns)
- Arrange a memorial or remembrance event if appropriate and agreed with family
- Review and learn from the circumstances (see below)

### **Learning and Review**

**Following a suicide, BWFC will:**

**Conduct a structured review (led by the Head of Safeguarding) to identify:**

- What warning signs, if any, were present and whether they were recognised
- Whether existing safeguarding and support procedures were followed
- What could be done differently in future
- Training or policy changes needed

**Avoid blame:**

- The purpose is learning and prevention, not to attribute fault Involve family members in the review process (if they consent)
- Share learning with the safeguarding partnership and other relevant organisations
- Communicate any changes to policy or practice to staff and athletes

### **Support for Staff**

**Staff may experience trauma, guilt, or secondary trauma following a suicide. BWFC will:**

- Provide access to counselling or therapeutic support
- Arrange team debriefing sessions led by trained facilitators
- Acknowledge the emotional impact and normalise seeking help
- Review workload and wellbeing after a significant incident

### **Crisis support and signposting**

#### **Emergency Services and Immediate Crisis Support**

**Emergency services: 999** – Contact immediately if there is risk of death or serious harm, or if the individual requires urgent medical attention.

**Samaritans: 116 123** – National suicide prevention helpline available 24/7; confidential and non-judgmental support.

#### **Crisis services for young people:**

- **Papyrus HopelineUK: 0800 068 4141** – Specialist support for young people under 35 (Monday–Friday 10am–10pm, weekends 2–10pm)
- **Text PAPYRUS to 60163** – Text support for young people
- **Crisis Text Line: Text SHOUT to 85258** – Available 24/7 for young people in the UK

#### **Mental health support services:**

- **Young Minds: 0808 196 1776 (Parent Helpline)** – <https://www.youngminds.org.uk>
- **NSPCC: 0808 800 5000** or text 88858 – Safeguarding and child protection advice
- **Childline: 0800 1111** – Free helpline for children and young people up to age 19
- **Mind: 0300 123 3393** or text 86463 – Mental health information and support

#### **Bereavement support services:**

- **Survivors of Bereavement by Suicide (SoBS): 0300 111 5065** – <https://www.sos.org.uk>

- **Cruse Bereavement Care: 0808 808 1677** – General bereavement support
- **Support After Suicide Partnership (SASP)** – <https://www.supportaftersuicide.org.uk>

All staff and families should be provided with these contact details in written form for easy reference.

## Related policies and documentation

This Suicide Prevention Policy should be read alongside:

- BWFC Safeguarding Handbook
- Managing Staff Allegations Policy
- Low Level Concerns Policy
- Anti-Bullying Policy
- Code of Conduct (Staff and Players)
- Mental Health and Wellbeing Policy
- Whistleblowing Policy

## Review

This policy will be reviewed annually by the Head of Safeguarding and Safeguarding Board Representative and updated to reflect:

- Changes in guidance (e.g., updates to the Suicide Prevention Strategy for England or PAPYRUS guidance)
- Feedback from staff, volunteers, athletes, and families
- Learning from concerns and incidents
- Training updates and best practice

## References

[1] **Suicide Prevention Strategy for England: 2023 to 2028.**

Department of Health and Social Care (DHSC), September 2023. <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028>

[2] **Building Suicide-Safer Schools and Colleges: A Practical Guide.**

Papyrus Prevention of Young Suicide. <https://www.papyrus-uk.org/schools-guide/>

[3] **LivingWorks ASIST: Applied Suicide Intervention Skills Training.**

LivingWorks. <https://livingworks.co.uk/training/livingworks-asist/>

[4] **Children Act 2004.**

UK Legislation. <https://www.legislation.gov.uk/ukpga/2004/31>

[5] **Prevention and intervention for self-harm and suicidal behaviours in young people.**

NICE Guidelines NG225, December 2022. <https://www.nice.org.uk/guidance/ng225>

[6] **Keeping Children Safe in Education 2025.**

Department for Education, September 2025.