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# TIME Suicide & Self Harm Response Procedure

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## 1. Purpose

This procedure outlines our approach to preventing, identifying, and responding to self-harm and suicidal ideation.

As an SEMH provision, we recognise that many of our learners may present with heightened vulnerability, emotional dysregulation, trauma histories, and complex mental health needs. Our response is safeguarding-led, trauma-informed, and relationship-based.

Kerrie Boswell is our named senior mental health lead and mental health first aider.

There are 2 qualified first aiders on site who are as follows: Philip Clarke (School) and Kerrie Boswell (post 16 education.)

## 2. Guiding Principles

- Self-harm and suicidal ideation are treated as safeguarding concerns.
- All disclosures are taken seriously.
- Staff remain calm, non-judgemental, and supportive.
- The young person's safety is the immediate priority.
- Information is shared on a need-to-know basis in line with safeguarding procedures.
- Parents/carers are informed unless doing so increases risk (DSL decision).

## 3. Definitions

**Self-harm:** Any intentional act of self-injury or self-poisoning, regardless of motivation.

**Suicidal ideation:** Thoughts of wanting to end one's life, which may range from passive thoughts to active planning.

### High Risk Indicators May Include:

- Expressing intent to die
- Having a specific plan
- Access to means
- Previous attempts
- Giving away possessions
- Significant withdrawal or hopelessness statements

## Suicide

### 4. Suicidal Immediate Response Procedure (All Staff)

If a student discloses suicidal thoughts:

### **Step 1 – A key worker/ DSL/ mental health lead will Stay With the Student**

- Remain calm.
- Not leave the student alone if risk is immediate.
- Move to a safe, private space where possible.

### **Step 2 – Listen & Reassure**

- We will Use open, non-leading questions.
- Avoid promising confidentiality.
- Say:  
    *"I'm really glad you told me."*  
    *"We need to make sure you're safe."*

### **Step 3 – Assess Immediate Danger**

If there is:

- An active suicide plan
- Recent attempt
- Serious injury
- Access to means

→ Contact DSL immediately

→ Call emergency services (999) if required

→ Inform SLT

### **Step 4 – Record & Report**

- Record factual account on safeguarding system immediately.
- Inform DSL the same day.

## **5. DSL / Safeguarding Lead Actions**

Upon receiving a report:

1. Conduct or delegate a risk assessment.
2. Determine level of risk: Low / Medium / High.
3. Decide on parental contact.
4. Consider referral to:
  - CAMHS
  - GP
  - Crisis Team
  - Early Help
  - Social Care (if threshold met)
5. Create a Safety Plan.
6. Assign a key adult for daily check-ins.
7. Update risk register.

## 6. Risk Levels & Response

### ◆ **Low Risk**

- No current plan or intent.
- Emotional distress present.

Response:

- Safety plan.
  - Increased check-ins.
  - Internal therapeutic support.
  - Monitor behaviour and attendance.
- 

### ◆ **Medium Risk**

- Suicidal thoughts with some planning but no immediate action.

Response:

- Immediate parental contact.
  - Urgent CAMHS/GP referral.
  - Daily check-ins.
  - Environmental risk reduction in school.
  - Senior leader oversight.
- 

### ◆ **High Risk**

- Active plan and intent.
- Immediate danger.

Response:

- Do not leave student unsupervised.
- Call emergency services.
- Inform parents immediately.
- DSL leads coordination.

## 7. Safety Planning

Safety plans should include:

- Warning signs
- Coping strategies
- Safe adults in school
- Safe adults at home

- Emergency contacts
- Agreed supervision arrangements

Safety plans are:

- Reviewed weekly (or more frequently if needed).
- Shared with relevant staff on a need-to-know basis.

## **8. Working with Parents/Carers**

Parents will usually be informed the same day.

Exceptions may apply if:

- Informing parents increases risk.
- There is an ongoing safeguarding investigation.

Support offered to parents:

- Guidance on supervision.
- Signposting to external services.
- Follow-up meetings.

## **9. Supporting the Wider Community (Post-Incident)**

If there is:

- A serious attempt
- Hospitalisation
- A death by suicide

The school will:

- Seek advice from local authority.
- Provide staff briefing.
- Offer counselling support.
- Avoid memorials that could unintentionally glamorise.
- Monitor vulnerable peers.

## **10. Staff Support**

Recognising the emotional impact of managing high-risk cases:

- Staff involved will be offered supervision.
- Debrief sessions provided following serious incidents.
- Access to wellbeing support/EAP available.

## **11. Prevention Approach**

We reduce risk through:

- Trauma-informed practice.
- Emotional literacy teaching (PSHE).
- Regulation spaces.
- Key worker assigned to each learner
- Clear anti-bullying procedures.
- Pupil voice structures.
- Early identification of withdrawal or escalation patterns.

## **12. Monitoring & Oversight**

The Senior Mental Health Lead will:

- Monitor incident patterns.
- Review risk assessments.
- Review this procedure annually.

## **Self Harm**

Self-harm is treated as a safeguarding concern. The following process must be followed in all cases.

### **13. Identification of Self-Harm**

Self-harm may be identified through:

- Direct disclosure
- Visible injuries
- Peer report
- Social media concern
- Behavioural changes (withdrawal, long sleeves, emotional dysregulation)
- Discovery of objects

Staff must not:

- Ask to see injuries in an exposed or public area.
- Conduct physical examinations beyond basic first aid.
- Promise secrecy.

All concerns must be reported to the DSL the same day.

### **14. Immediate Response to Active Self-Harm in School**

If a student is actively self-harming or has just self-harmed:

### **Step 1 – Ensure Immediate Safety**

- Stay calm.
- Remove any harmful object safely.
- Do not leave the student alone.
- Move to a quiet, safe space.

### **Step 2 – First Aid (Trained staff only)**

- Administer basic first aid.
- If injury is serious → call 999.
- Inform DSL immediately.

### **Step 3 – Safeguarding Escalation**

- DSL conducts immediate risk screening.
- Parents contacted the same day.
- Determine if medical assessment is required.

## **15. Response to Disclosure of Ongoing Self-Harm**

If a student reports self-harming outside school:

### **Step 1 – Listen Without Shock or Judgment**

Use supportive language:

- “Thank you for telling me.”
- “You’re not in trouble.”
- “Let’s make sure you’re safe.”

Avoid:

- Lecturing
- Expressing visible panic
- Asking “why” in a confrontational way

### **Step 2 – Initial Screening Questions**

(Staff do not conduct full assessments — just establish immediate risk.)

Ask:

- Are you safe right now?
- Have you hurt yourself today?
- Are you thinking about ending your life?

If suicidal intent is disclosed → follow Suicide High-Risk Pathway.

### **Step 3 – Report to DSL**

- Record factual account.
- Do not include personal opinions.
- Submit immediately.

### **16. DSL Self-Harm Risk Assessment Process**

The DSL (or trained deputy) will assess:

- Frequency of self-harm
- Methods used
- Triggers
- Access to means
- Presence of suicidal thoughts
- Protective factors (family, relationships, goals)
- Mental health history
- External agency involvement

Risk level assigned:

- Emerging
- Ongoing
- Escalating
- High Risk

### **17. Safety Planning Process (Mandatory for Repeated or Ongoing Self-Harm)**

A written Safety Plan must include:

#### **A. Triggers**

- Situations, lessons, peer issues

#### **B. Early Warning Signs**

- Thoughts
- Physical sensations
- Behaviour shifts

#### **C. In-School Coping Strategies**

- Time-out card
- Regulation space
- Named safe adult
- Structured exit from lesson

#### **D. Home Strategies**

- Parental supervision plan

- Removal of harmful items (where appropriate)

### **E. Emergency Plan**

- Who to contact
- Crisis numbers
- CAMHS/crisis team details

Safety plans must:

- Be reviewed weekly initially
- Be shared with relevant staff discreetly
- Be signed by student (where appropriate)

## **18. Parent/Carer Involvement**

Parents must be contacted the same day unless DSL determines safeguarding risk.

Conversation should include:

- What has been disclosed
- Risk level
- Recommended GP/CAMHS contact
- Supervision advice
- Removal or monitoring of sharp objects/medication

Record all communication.

## **19. Environmental Risk Reduction (In SEMH Settings)**

Given the vulnerability of cohort:

- Increased supervision during unstructured times
- Risk assessment of toilets/changing areas if patterns emerge
- Controlled access to potentially harmful materials
- Staff awareness briefings (need-to-know basis only)

### **19.1 Managing Contagion Risk**

In SEMH provisions, there is increased risk of behaviour contagion.

If multiple incidents occur:

- Monitor peer group dynamics
- Increase pastoral presence
- Avoid detailed discussion among students
- Provide whole-group emotional literacy sessions
- Avoid assemblies that dramatise incidents

## **20. Repeated Self-Harm Cases**

If a student self-harms repeatedly:

- Multi-agency meeting
- CAMHS escalation if thresholds met
- Review EHCP provision
- Consider therapeutic intervention adjustment
- Increase supervision plan

## **21. Recording & Monitoring**

The Senior Mental Health Lead will:

- Track frequency patterns
- Analyse triggers
- Review response timelines
- Identify cohort trends
- Report termly to SLT/governors

## **22. Staff Boundaries**

Staff must not:

- Provide ongoing 1:1 counselling unless trained
- Allow dependency to develop
- Keep secrets
- Use physical searches without policy authority

All support must sit within safeguarding structures.

## **23. Training**

On going training is provided throughout each academic year, Training is based off students needs. Planning training starts when holding panel meetings to discuss if we can meet the needs of the learner based on EHCPs, this allows us to be preventative rather than responsive.

All staff have had SORTS training – Supportive response to self harm.

## **24. Policy Monitoring Arrangements**

This policy will be reviewed annually by the Senior Mental Health Lead.

At every review, the policy will be approved by the Head Teacher, Jillian Fairclough and full management board.

## **25. Links with other policies**

This document should be read alongside:

- Safeguarding & Child Protection Policy
- Behaviour Policy
- Mental Health & Wellbeing Policy