Self – Harm & Suicidal Ideation Policy

Document Control	
Date Approved	January 2025
Date for Review	January 2026
Authorised By	Trust Board
Published Location	Trust Website
Document Owner	CEO

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"At One Multi Academies Trust and its schools, we aim to promote positive mental health for every member of our school community. We pursue this aim using our universal Sikh values, of Sat (Truth), Santokh (Altruism), Daya (Compassion), Dharam (Service), Himmat (Courage), Chardi Kala (Resilience) and Pyaar (Love). In addition to promoting positive mental health, we aim to recognise and respond to mental ill health, by developing and implementing practical, relevant and effective procedures to promote a safe and stable environment for students and staff affected both directly and indirectly by ill mental health." **Mental Health Statement**

1. Background & Rationale

Recent research indicated a sharp rise in the numbers of young people in the UK who engage in self-harming behaviours, and that this figure is higher amongst specific populations, including girls, and young people with special educational needs. Self-harming can be prevalent in friendship groups, and in some social sub cultures.

A high number of children and young people on the autistic spectrum self-harm. School staff can play an important role in preventing self-harm and also in supporting students, peers, and parents carers and families of students who are engaging in self-harm.

This policy has been put in place to ensure that we have a consistent approach from staff who deal with students who self-harm. It is designed so that those students seeking help will feel secure in knowing how we can deal with them, and to give staff a structure for dealing with self-harm. This policy is designed to support all staff.

2. Aims of the policy

- To increase understanding and awareness of self-harm and suicidal ideation
- To alert staff to warning signs and risk factors
- To outline the ways in which we may provide support to students who self-harm, their peers and their parents or carers.

3. Scope

The policy applies to One Multi Academies Trust and its schools, including all students, staff, parents carers and families; members of the Trust, Local Advisory Boards in addition to visiting professionals who work with students.

4. Definition of self-harm

Unwanted emotions such as anger and frustration can be reasons for self-harm, which provides an unhealthy but often cathartic release for pent up feelings. In the autistic community self-harm can also become a fixed pattern of behaviour.

Self-harm is any behaviour where the intent is to deliberately cause harm to ones' own body, without causing death. Examples of self-harm can include:

- Cutting scratching scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Pulling out hair or eyelashes
- Banging or hitting the head or others parts of the body
- Scouring or scrubbing the body excessively
- Biting parts of the body
- Under medicating (insulin)

Self-harm can also be linked to high risk behaviours including:

- Controlled eating patterns such as anorexia, bulimia or over eating
- Indulging in high risk behaviours such as car dodging
- Indulging in high risk sexual behaviours
- Destructive use of alcohol or drugs

Some young people plan to self-harm in advance, others do it suddenly. Some young people self-harm only a few times, but others do it regularly, and it can become an entrenched pattern of behaviour, or an addiction.

For many young people self-harming is very private and is a form of release that does not attract the attention of others. It can take place in private, be dealt with in private and then covered up with clothing.

Other terms that are used to describe self-harming are deliberate self-harm; self-inflicted harm; self-injury; deliberate self-injury.

5. Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- Depression / anxiety/mental health issues
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse
- Sexual identity

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Lack of support at home
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family
- Loss, separation and bereavement
- Domestic violence
- Drug/alcohol misuse

Social Factors

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers
- Easy availability of drugs, medication or methods of self-harm
- School issues

6. Triggers

A number of factors may trigger the self-harm incident, including:

- Family relationship difficulties (the most common trigger)
- Difficulties with peer relationships e.g. break-up of relationship (the most common trigger for older adolescents)
- Bullying
- Significant trauma e.g. bereavement, abuse
- Self-harm behaviour in other students (contagion effect)
- Self-harm portrayed or reported in the media
- Difficult times of the year e.g. anniversaries
- Trouble in school or with police
- Feeling under pressure from families, school or peers to conform or achieve
- Exam pressure
- Times of change, e.g. parental separation/divorce
- Feeling out of control

7. Warning Signs

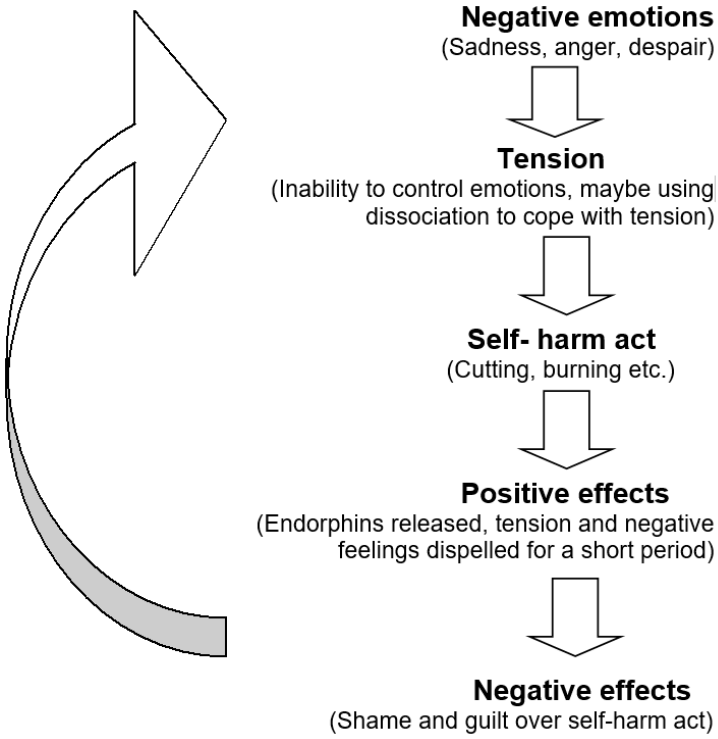
Staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm. It is therefore of utmost importance that all instances of self-harm are taken seriously and that the underlying issues and emotional distress are thoroughly investigated and necessary emotional support given in order to minimise any greater risk. Any mention of suicidal intent should always be taken seriously and acted upon as a matter of urgency in a calm and containing manner. This case must then be referred immediately to the Designated Safeguarding Lead in line with the usual safeguarding reporting policy.

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. student may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Risk-taking behaviour (Substance misuse, unprotected sex)
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. loss of pride in appearance and being reluctant to roll sleeves up in front of other people or wearing long sleeves even in very hot weather
- Increased levels of aggression or bullying
- Obvious cuts, scratches or burns which do not look accidental in nature
- Frequent alleged accidents which cause physical injury
- Regularly bandaged limbs
- Reluctance to take part in physical activity which requires a change of clothing
- Giving away possessions

8. The cycle of self - harm

When a person inflicts pain upon himself or herself the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make self-harm difficult to stop. Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.



9. Recording incidents of self-harm & suicidal ideation

All incidents of self-harming and/or suicidal ideation should be reported to the DSL or Deputy DSLs as a matter of urgency.

It is paramount that students understand that staff have to share information regarding self-harm with appropriate people in school. All members of staff must share information about self-harming behaviours with the safeguarding team. Staff should log the concern on CPOMS following the usual safeguarding policy.

Unless the self-harm is linked with problems at home which place the young person at risk of harm, the Designated Safeguarding Lead or the Deputy Designated Safeguarding Leads will notify the parents of the student who has self-harmed.

We encourage students to report fellow students if they think they are at risk of self-harming or of suicide through speaking to a member of staff.

We encourage parent carers and families to work in partnership with the school and share any information about their child's self-harming behaviours at home and to support the school's policy on self-harm.

10. Organisations that support self-harm

Young Minds: 0808 802 5544 www.youngminds.org.uk

Samaritans: call for free 116 123 or email jo@samaritans.org

Child Line: 0800 11 11 www.childline.org.uk

Self-Harm UK: www.selfharmuk.co.uk

Kooth: www.kooth.com

Risk Assessments

It is important to ensure that there is a risk assessment in place which relates to the self-harming and/or suicidal ideation behaviour possible triggers and strategies to be used to minimise risk. The example risk assessment is for guidance only and it needs to be adapted according to individual need.

Risk of Suicidal Ideation Assessment

Assessment for Risk of Suicide

Student Information		
Date student/pupil was identified as possibly being at risk:		
Name		
Date of Birth:	Identifying Gender:	Year Group:
Name(s) of Parent/Carer:		
Parent/Carer Contact Details:		
Identification of Suicide Risk		
Who has identified the student from being at risk? Indicate name and relationship with student and/or professional role. 1 2 3		
Circumstances preceding referral for suicide risk Assessment/Summary - reason for concern: •		
Stressors/precipitants from the student's perspective (i.e. What is going on in your life right now?) •		
Current and Recent Mood (On a scale of 0-10 with 0 being the worst and 10 being the best) •		
How have you been feeling over the **past week**? Ask if appropriate - Have you been feeling depressed, hopeless, helpless or overwhelmed?		
How would you describe you are feeling **right now**?		

-

Current Ideation

These questions are very challenging for all those taking part in the risk assessment – please take time to offer support and supervision to anyone affected

In the past few weeks, have you wished you were dead?

Yes **No** **Unsure**

Have you felt that you or your family would be better off if you were dead?

Yes **No**

Unsure

Have you been thinking about ending your life or killing yourself?

Yes **No**

Unsure

If you or unsure for any of the above - How long have you been feeling this way?

-

Do you have a plan for how you would end your life?

- Yes / detailed and thought out
- Considering means/details are vague
- No / thoughts of death without consideration of how they would kill themselves.

If yes or considering: What is your plan? (including how, where and when)

Do you have access now to whatever you need to carry out the plan? If yes: Where?

Intent

Do you intend to carry through with your plan to end your life soon?

- Denies intent
- Endorses Intent
- Unclear/Passive
- Evasive in answering the question

Do you intend to end your life if something does or doesn't happen? Is there anything that would make you more likely to end your life?

Is there anything that would make you more likely to want to live?

History of Suicide Ideation/Attempts

Have you ever thought about committing suicide in the past? If yes, when? If yes, description of past attempts including trigger attempts and how the student attempted. What happened?

Resources/Support

Do you have someone in your life whom you can turn to for support?

- No feels isolated
- Yes, Who?

If yes have you talked to them about how you are feeling?

- Yes
- No - Why not?

DETERMINING PROTOCOL TO FOLLOW:

Low Risk Protocol: Student demonstrates suicidal ideation, but does **NOT** have a detailed plan access to means or intent to attempt. History of ideation/attempts, detailed plan, ambiguous intent or lack of support increase the risk to Moderate to High Risk.

Moderate to High Risk Protocol: Student demonstrates suicidal ideation with some combination of planning, access to means, intent, history of ideation or attempts and or lack of support.

Extremely High Risk Protocol: Student reports ready access to or possession of means and strong intent to carry out plan as soon as possible.

Suicidal Ideation Personal Safety Plan

Personal Safety Plan

Name: Form:

I should use my safety plan when I am aware of these warning signs (thoughts, moods, images, situations, behaviours)	
1	
2	
3	
Internal coping strategies. Things I can do by myself, to help myself not act on how I am feeling. (hobbies, relaxation techniques, distraction)	
1	
2	
3	
What might make it difficult for me to use these coping strategies?	
Solution……	
People and places that **help my mood and help me feel safe**	
Person 1	Phone:
Person 2	Phone:
Place - Day	
Place - Night	
What might stop me or get in the way of me contacting these people or being in my safe places?	
Solution……	

People I can trust and contact **when I am in crisis.** This might be friend and member of your family or a helpline	
Person 1	Phone:
Person 2	Phone:
Person 3	Phone:
What might make me hesitate in contacting them?	
Solution……. **How will I let them know I need their help?**	
Where will I keep this plan so I can look at it easily if I need to?	

Student Signature Date
Parent/Carer Date
Pastoral Leader Date
Designated Safeguarding Lead (SLT) Date
Psychologist/Counsellor Date

Exemplar RISK ASSESSMENT for a pupil at Risk of Suicide

A Personal Safety Plan must be completed with the pupil to accompany this risk assessment.

Name:	**Form:**
Risk Assessment Number:	**Staff Member Conducting Risk Assessment:**
Date:	**Risk Assessment Review Date:**

Relevant Linked Documents				
Document	**Complete/Ongoing**	**Review Date**	**Review Date**	**Review Date**

Identified Risk/Hazard *anything with the potential to cause harm – building, item, person, situation, event/trigger, behaviour*	**Who May Be Harmed?** **Who is at risk?** *this could be the child, a visitor, a peer, a member of staff*	**The likelihood (of the risk happening) and the possible harm** **Likely** – happened at least once 3 **Possible** – nearly happened, near miss 2 **Unlikely** – has not happened before 1 **The Potential Consequence (if this were to happen)** **Extremely Harmful** (Report to RIDDOR) – immediate intervention 3 **Harmful** – may need medical/psych support on site 2 **Slightly Harmful** – no physical harm 1
1 Student has (state the specific behaviours, evidence to suggest the student is having suicidal thought) as reported by (where did the information come from and when).	Student Staff Peers Visitors	**This has the (likely/unlikely) potential to cause significant (physical/psychological) harm to the student (death/injury) and significant psychological harm to (staff/peers) if suicidal attempts are witnessed or suicidal behaviours or comments are seen/overheard.**

2 Student has made several attempts to remove sharp objects from classroom to enable her to self-harm	Student	**This has the (likely/unlikely) potential to cause significant (physical/psychological) harm to the student (death/injury) and significant psychological harm to (staff/peers) if suicidal attempts are witnessed or suicidal behaviours or comments are seen**
3 Student has confided in some of her peers (immediate friends) about her suicidal ideation and discussed in some depth how she would take her own life. Peers experience conflict of conscience and responsibility to the student	Student Peers Staff	**This has the (likely/unlikely) potential to cause significant psychological harm to (staff/peers) if suicidal attempts are witnessed or suicidal behaviours or comments are seen/overheard or are told in confidence**

Control Measures	Lead
Hazard 1 • External support to be provided by **(state the agency and support offered)** to explore the root cause of the student's suicidal ideation to reduce the risk of the student harming them self. • Key worker/trusted person to be provided to student to **(explain support and provided by who with when/regularity)** • Personal Safety Plan to be produced by the student with the support from **(specific person and role)** including the involvement parent/s/carer/s. Personal Safety Plan to include **(safe place/s and trusted adults/s, strategies in response to "warning signs", what to do if strategies don't work, barriers the student might face and counter measures if they feel unable to contact people names on the plan)**. • All staff to be briefed by **(state who and their suitability)** on student's risk assessment and control measures. • Attendance measures to be followed as per school attendance policy. Attendance officer to have name of student as priority for register checks every session. • On call system/radios to be used appropriately to report student missing immediately. • Parent/s carer/s to be contacted immediately via **(phone/email/text)** if student missing in school so they can attempt immediate contact with the student. • IT monitoring of students on-line activity to identify access to any sites which may promote suicidal ideation. Report to be made to DSL and Deputy DSL immediately if such activity is noted. • Parent/s carer/s to monitor online activity to prevent access to sites which may promote suicidal ideation. Parent/s carer/s to report to school any such activity. **(Refer to Personal Safety Plan).** • Student to be provided with literature from **(specific organisation/charity)** which can offer immediate support via (phone/online contact) if student feels suicidal ideation in line with Personal Safety Plan. • Student not to be allowed out during lessons unaccompanied • Preventative work provided via **(PHSCE / one to one support / external support)** for student to reduce the risk of suicidal ideation	

Hazard 2	
Hazard 3	

Parental Statement

1. I have read through this document and have been given the opportunity to express my opinion.
2. If my child can process the information contained in this document then they have been involved in the production of this document.
3. I am aware of which members of staff are my contacts to ask questions about the information contained in this document and the process of regular review that will take place in the different sections.
4. I understand that I am responsible for keep the school up to date with any information affecting the health, safety and wellbeing of my child and that any information given will be treated with sensitivity and confidentiality in line with GDPR.

Signature of Parent/Carer:
Signature of Student:
Signature of School Lead:

RISK ASSESSMENT FOR MANAGING HIGH-LEVEL CHALLENGING BEHAVIOURS (SELF-HARMING)
THIS EXAMPLE IS FOR GUIDANCE ONLY AND IS TO BE ADAPTED ACCORDING TO INDIVIDUAL NEED

Name of child/young person: ***Date of Birth*** ***Date of Assessment:*** ***Date of Review:***

Information provided by: ***Risk Assessor(s):***

Identification of Risk	
Clear and detailed description of high- level challenging behaviour	_____ has presented with a range of complex behavioural and emotional needs over the last two years. Some of ____ previous behaviours included care needing, such as misbehaving in class, seeking out different members of staff to disclose issues to, truanting from lessons and also absconding from school. ____ also has low self-esteem and most recently her behaviours have included severe anxiety and self-harm. _____ has scratched words into her forearms, as well as cutting herself. She has had blades and other 'sharp' items (plastic pens, paper clips) removed from her in school by members of staff. _____ has also freely given such items to other vulnerable students. _____'s safety is also of serious concern due to risk taking behaviour and emotional vulnerability. At present, _____ has found it very difficult to engage in lessons and even enter the classroom and as such her learning is being severely disrupted. _____ has on some occasions, not come to her designated safe place in school, but has chosen to go with other vulnerable students either off site or in other areas of the school grounds. _____ has been verbally abusive towards staff who have questioned her about her behaviour or insisted she abides by the rules of the school. _____ often refuses to follow instructions given by members of staff. She has expressed suicidal thoughts and developed detailed plans to run away from home. _____ often doesn't read danger or risk in situations, most notably seen by peers, staff and her parents.

	She has recently been diagnosed with psychosis, and is now medicated. She has taken overdoses at home and run away from home. Most recently, _____ has been an inpatient at CAMHS.
Who is affected by the behaviour (injured or harmed)?	_____, other vulnerable students within school, supporting staff, other students in teaching groups, parents and siblings
In which situations does the behaviour occur/not occur?	At anytime during the school day. The cross over during lessons is the most vulnerable time. Unstructured times of the day also prove to be times _____ struggles to manage her behaviour and mood. (break and lunch times) When experiencing low mood _____ is more likely to abscond, self-harm or fail to follow school requests/instruction. Triggers for low mood could be arguments with family, feelings of worry about being in school/lessons.

What kinds of injuries or harm are likely to occur?	Cutting on arms, taking tablets.
What relevant records, reports or other documents are already in place? (e.g. IEP, PSP, lesson planning, General Risk Assessment, Health Care Plan, Statement of SEN)	Support on a daily basis from the pastoral team _____ has a pass to enable her to leave a lesson if she becomes anxious. A reduced timetable – in lessons _____ finds particularly difficult, the work is given for her to complete in a quiet working environment with support from a member of staff who she trusts Teaching Assistant support in lessons. Inclusion Passport.
	Health Care Plan with reference to psychosis medication. Professionals meeting records with actions from each review meeting.

Risk Rating Matrix

Severity [S]

5. Death/Disability
4. Major Injury
3. >3 day injury
2. Minor Injury
1. Property Damage

Likelihood [L]

5. Very Likely
4. Likely
3. Possible
2. Unlikely
1. Very unlikely

Severity (Emotional) N.B could be on the victim or the person who is subject to the risk assessment

5. Death/ suicide, severe depression, long term mental health issues
4. Long term/ repeated deliberate risk-taking. Emotional impact severe enough to trigger referral to another service e.g. CAMHS/GP/EP and/or significant medical intervention e.g. attempted suicide/ anorexia/ school refusal
3. Emotional response that results in deteriorating/ erratic attendance, withdrawing/ not engaging, anxiety, fear, worry; impacts on behaviour of others (e.g. negativity, irritability, negative emotions, lack of concentration, lack of motivation)
2. Significant distress or upset that can be addressed or resolved within a few days i.e. has no lasting negative impact
1. Upset/ distress that subsides relatively quickly and with minimal additional support i.e. within a day or so

[S]					
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	**16**	**20**
5	5	10	15	**20**	**25**
X	1	2	3	4	5 [L]

Score

1 – 8 = LOW RISK

9 – 15 = MEDIUM RISK

16 – 25 = HIGH RISK

High-Level Challenging Behaviour	Degree of Risk Severity x Likelihood											Risk Rating	
	1	2	3	4	5	x	1	2	3	4	5	Score	HML
Self Harm						X							
Extreme risk taking – including suicidal thoughts / attempts at home						X							
Absconding						X							

Behaviour Management Plan

Interventions	Measures in place	Further measures (if required)	New Risk Level S x L	H/M/L
Proactive interventions to prevent risk	☐ Relevant pastoral staff are aware of _____'s difficulties and ____ knows who is available throughout the school day if she needs them. (8:30 – 3:15) ☐ _____ is able to access and work in a designated supervised, safe area which means she feels safe when she is anxious. This also minimises the risk of _____ becoming more anxious and absconding. ☐ _____ receives a large amount of support on a daily basis from the pastoral team. ☐ Teachers/Support Staff to alert Duty Manager if _____ is absent from lesson, and alert parents.	☐ To put a contract of conduct put into place so _____ is very clear on expectations required ☐ Awareness raised with staff as to other areas of school where implements can be hidden ☐ Behaviour agreement	=	

	Extra vigilance from staff of any absence, regular or non-attendance in their class from ____. Relevant and up to date information passed to staff with details of support arrangements. Staff asked not to allow _____ to leave lessons unless accompanied. School staff to count in and count out blades used in lessons. Bag/coat check. Positive Behaviour Report card to support inclusion. Check in procedure for _____ at key points during school to monitor support and _____'s emotional state and mood. Meetings with parents and CAMHS.			
Reactive interventions to respond to adverse outcomes	As above regarding incident. Emotional Support provided for _____ by the relevant members of staff in the pastoral team. Use of Fixed Term Exclusion for bringing in blades or tablets and truancy. Parents, older siblings and/or police informed re. absconding.			

Communication of Risk Assessment and Behaviour Management Plan		
Shared with	**Communication Method**	**Date actioned and by whom**
Student Parents CAMHS Pastoral Team Principal	Professionals meeting E-mail	

Review of Risk Assessment and Behaviour Management Plan	
Any significant changes since last assessment? (Consideration needs to be given to the impact of measures on behaviour in the review)	

Notes: As a result of the review an up-dated risk assessment should be completed and recorded.
Parents/carers should always be actively involved in the planning/monitoring and reviewing process.