

**Early Years Assessment Centre**  
Eastmoor Road  
Eastmoor  
WF1 3SQ

**Spinney Centre**  
Common Road  
South Kirkby  
WF9 3EA

**Forest Wood Centre**  
Painthorpe Lane  
Crigglestone  
WF4 3HW

**Thornes Centre**  
Lawfield Lane  
Wakefield  
WF2 8ST

**Pinderfields  
Hospital PRU**  
01924 298351



**Hospital tuition**  
Children's Ward  
Pinderfields Hospital  
Wakefield WF1 4DG  
01924 541947

**Woodlands Centre**  
College Grove  
Castleford  
WF10 5NS

**Limes Centre**  
Long Causeway  
Stanley  
WF3 4JB

**Wrenthorpe Centre**  
Imperial Avenue  
Wrenthorpe  
WF2 0LW

## Suicide Policy 2025-26

Chair of Management Committee  
Signed

### MISSION STATEMENT

At Pinderfields Hospital PRU we will:

- Encourage honesty, respect and trust
- Exercise discipline and self-control
- Feel safe, secure and happy in the school environment
- Develop our confidence and self-image to allow us to achieve our potential
- Ensure everyone is important and valued
- Promote healthy lifestyles
- Encourage understanding and acceptance of individual needs
- Offer continued support for a smooth transition to the next provision



**OFSTED 2023 Overall Judgement = GOOD**  
Leadership & Management = Outstanding  
Behaviour & Safety of Pupils = Outstanding  
Achievement of Pupils = Good  
Quality of Teaching = Good

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## **1) Statement of Purpose**

a) Pinderfields Hospital PRU community is aware that:

- i) suicide is the leading cause of death in young people;
- ii) we play a vital role in helping to prevent young suicide.

b) We want to make sure that children and young people in our provision are as suicide safe as possible and that our members of the management committee, parents and carers, teaching staff, support staff, pupils/students themselves and other key stakeholders are aware of our commitment to be a suicide-safer provision.

## **2) Our Beliefs about Suicide and its Antecedents**

a) This provision acknowledges that:

### **SUICIDAL THOUGHTS ARE COMMON**

We acknowledge that thoughts of suicide are common among young people.

### **SUICIDE IS COMPLEX**

We believe that every suicide is a tragedy. There are a number of contributory factors surrounding a suicide and the reasons are often complex and individual to that person. However, we believe that there are lessons that may be learned from each death that may help prevent future deaths

### **STIGMA INHIBITS LEARNING– STIGMA CAN KILL**

We recognise that the stigma surrounding suicide and mental illness can be both a barrier to help seeking and a barrier to offering help. This provision is committed to tackling suicide stigma. In our language and in our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos. This will include avoiding the use of language which perpetuates unhelpful notions that suicide is criminal, sinful or selfish. We know that unhelpful myths and misconceptions surrounding suicide can inhibit young people in seeking and finding appropriate help when it is most needed.

### **SUICIDE IS OUR BUSINESS, TOO**

As a community, we recognise that pupils may seek out someone whom they trust with their concerns and worries. We want to play our part in supporting any pupil who may have thoughts of suicide.

### **SAFETY IS VERY IMPORTANT**

We know that pupils who are having thoughts of suicide may or may not also be behaving in a way that puts their life in danger (suicide behaviours). Schoolchildren experiencing suicidal thoughts are potentially at risk of acting on these thoughts. Those who are already engaging in suicide behaviours are also clearly at risk of death or harm. This provision wants to work with our pupils who may be thinking about suicide, or acting on their thoughts of suicide. We want to support them, sometimes working in partnership with family, caregivers and other professionals where this may enhance suicide safety.

### **SUICIDE IS A DIFFICULT THING TO TALK ABOUT**

We know that a child or young person who is suicidal may find it very difficult to make their feelings known and speak openly about suicide. We will equip adults with the skills to identify when a pupil may be struggling with thoughts of suicide. These adults will be trained to keep our young people suicide-safe.

## **TALKING ABOUT SUICIDE DOES NOT CREATE OR WORSEEN RISK**

We will provide our pupils with opportunities to speak openly about their worries with people who are ready, willing and able to support them. We want to make it possible for schoolchildren and young people, and those who support them at this provision, to do so safely. This will be in a way that leads to support and help where this is needed. We will do all we can to refrain from acting in a way that stops a pupil seeking the help they need when they are struggling with thoughts of suicide. All staff will have basic suicide awareness training with others having received specialist training (ASIST).

- Ask open questions
- These are questions that invite someone to say more than 'yes' or 'no', such as 'How have you been feeling?' or 'What happened next?'
- Give them time
- You might feel anxious to hear their answers, but it helps if you let them take the time they need.
- Take them seriously
- People who talk about suicide do sometimes act on their feelings — it's a common myth that they don't. It's best to assume that they are telling the truth about feeling suicidal.
- Try not to judge
- You might feel shocked, upset or frightened, but it's important not to blame the person for how they are feeling. They may have taken a big step by telling you.
- Don't skirt around the topic
- There is still a taboo around talking about suicide which can make it even harder for people experiencing these feelings to open up and feel understood. Direct questions about suicide like 'Are you having suicidal thoughts?' or 'Have you felt like you want to end your life?' can help someone talk about how they are feeling

### **3) Our Team and its Responsibilities**

a) Our management committee and leadership team will be clear about how we will respond in the event of a suicide. Each member of our named response team will have a defined responsibility within our plan including leadership, family liaison and any communications with external agencies, including the media.

b) We will have a clear picture of who has received general suicide awareness education and commit to this being refreshed periodically (at least every three years). We will identify a team of people who are trained in Applied Suicide Intervention Skills Training (ASIST). This team will be drawn from across the whole provision, not just from one area.

c) We will have a clear policy about how staff should work together where thoughts of suicide or suicide behaviours are known among our young people. We will manage the sharing of information in a way that enhances safety.

The team consists of the following:

Response Manager (all sites)

- Shaun Booth – liaise with parents, Educational Psychology Service

Administrative Support (all sites)

- Diane Cameron

Emergency Services (if incident occurs in school)

- Wrenthorpe - Sarah Sutton
- Early Years Assessment Centre – Cathy Smith
- Forest Wood Assessment Centre – Joanne Kershaw
- Woodlands – Kelly Burton
- Thornes – Chloe Martin
- Limes – Hayley Devon
- The Spinney – Chantal Midgely

Safeguarding of Others (all sites)

- Alice Marshall

Media (all sites)

- Chair of management committee, in conjunction with the press officer of WMDC

#### 4) Ongoing Support and Development of our Policy and Practice

a) Our Management Committee and Leadership Team will keep our practice up to date by maintaining contact with best practice and on-going training.

#### 5) Our suicide response plan

- Activate PHPRU's Crisis Management Team (roles identified within the Emergency Plan document)
- Liaise with the child's family
- Inform all colleagues of apparent suicide
- Inform the remaining children in school (and their parents/carers), and offer any support necessary
- Monitor students and staff over a period of time and offer additional support if/when needed
- Work with outside agencies (eg Police/Grief Counsellors) when required
- Inform Educational Psychologist Team for support to students and staff
- Remove the child's details from all central systems – to avoid any unnecessary communication and further upset to parents/carers or family members
- Liaise with the family re funeral arrangements (and comply with their wishes)
- Do not speak with the media (follow Emergency Plan guidelines)

#### GUIDANCE

• **Suicide prevention: developing a local action plan**

<https://www.gov.uk/government/publications/suicide-preventiondeveloping-a-local-action-plan>

25 October 2016 Guidance

• **Preventing suicide: lesbian, gay, bisexual and trans young people**

<https://www.gov.uk/government/publications/preventing-suicidelesbian-gay-and-bisexual-young-people>

13 March

2015 Guidance

• **Suicide prevention: identifying and responding to suicide clusters**

<https://www.gov.uk/government/publications/suicide-preventionidentifying-and-responding-to-suicide-clusters>

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September 2015 Guidance

• **Suicide prevention: suicides in public places**

<https://www.gov.uk/government/publications/suicide-preventionsuicides-in-public-places>

1 December 2015 Guidance

• **Support after a suicide: a guide to providing local services**

<https://www.gov.uk/government/publications/support-after-asuicide-a-guide-to-providing-local-services>

9 January 2017 Guidance

Within the prevention of suicide, it is important for teachers and other school staff to be aware of strategies to detect students at risk and strategies to intervene with students at risk. Below warning signs on suicidal behaviour are listed and tips for interventions are mentioned.

## 1. What are the warning signs?

Risk factors such as a mental disorder or a prior suicide attempt can increase an individual's longer-term risk of developing suicidal behaviour,

Besides these risk factors, suicide prevention experts have tried to define direct and indirect warning signs which may alert for suicidal behaviour in the near-term. **The clearest and direct warning signs for suicide are behaviours that indicate the person is thinking about or planning suicide, or is preoccupied or obsessed with death.** Suicide warning signs may be spoken, appear in student work, e.g. essays, in text communications, social media or reported by another student or teacher.

- Talking (or writing) about wanting to die or hurt or kill oneself (or threatening to hurt or kill oneself).
- Talking (or writing) about feeling hopeless or having no reason to live.
- Talking (or writing) about feeling trapped or in unbearable pain.
- Talking (or writing) about being a burden to others.
- Looking for ways to kill oneself, such as searching online for suicide methods or seeking access to firearms, pills or other means of suicide.

Direct  
signals



Other warning signs are **more indirect changes in behaviour which may indicate someone is experiencing a mental health problem**, which may include suicidal thoughts or plans. The risk is higher if a behaviour is new or has recently increased in frequency or intensity, and if it seems related to a painful event, loss, or change. In sum, it is better to over-respond than to under-respond when any staff indicates a youth may be at risk.

- Withdrawal from family, friends and society or feeling isolated
- Deterioration in work or social functioning
- Increased alcohol or drug use
- Changes in personality, mood or behaviour. Such as extreme mood swings, acting anxious or agitated, or behaving recklessly. These can also include changes in eating or sleeping patterns
- Showing rage, uncontrolled anger, or talking about seeking revenge

## Indirect signals



## 2. How to respond to warning signs?

When notifying warning signs, it is important to contact a colleague, the school's Personal Development Leader or the Headteacher, as it is not the teacher's responsibility to counsel at-risk students. However, in some cases teachers can play a role in having a first conversation with the student and referring the student to available helping resources. In a first conversation follow the three key messages presented in the figure below. Before starting the conversation it is essential to have contact details of local or national help services ready to refer to.

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### 1. Show you care

- Talk to the student in a private and confidential manner. Express that you're concerned and specify why you are concerned, by mentioning what you've noticed (e.g. specific warning signs or changes in behaviour or concentration).

### 2. Find the words and ask about suicidal thoughts

- It is a myth that asking about suicide puts the idea into people's head. Ask what is on the student's mind, what are his/her feelings. If the student acknowledges he/she struggles with a (mental health) problem, ask stepwise questions, beginning with general questions and moving on to specific questions, explicitly about suicide:

- **GENERAL QUESTIONS** on mental state, hope, future, (meaning of) life. Some examples: ■ "How are you doing at the moment?"

- "How do you perceive the future?" "Which plans do you have for the future?"

- "Do you have the idea that life is too much for you?"

- "Do you have the idea that life isn't worth living?"

- "Do you have hope that it gets better?"

- **SPECIFIC QUESTIONS** on suicidal thoughts and plans. Some examples:

- "Do you ever think about death, about wanting to end your own life?"

- "Have you had thoughts of harming or killing yourself?"

- "Are you thinking of ending your life right now?"

- "Are you considering suicide?"

- "What specific thoughts do you have?"

- “Since when do you have these thoughts?”
- “Did you have many thoughts in the last weeks?”
- “How often did you have these thoughts?”
- “How often do you think about it during the day?”
- “What makes you think about suicide?”
- “Do you have a specific plan in mind?” “What is your plan?” “Which methods did you think about?” “Which preparations you made?”
- “Did you ever had these feelings and thoughts before in your life? What caused it? How did you deal with it?” “Did you ever try to end your life?”

### **3. Reach out**

- First of all, take all suicide threats seriously.
- Keep calm, listen actively (without judgment), express your care and offer your help.
  - Don’t defend the ‘value of life’ or induce guilt, this doesn’t help the student.
  - Stress the possibility and availability of professional help (refer to the resources) and offer help. You could offer to find telephone helpline numbers, or websites, or help in seeking a doctor or mental health professional
  - Make sure the person keeps safe (until he or she gets help). Ask who they can call or rely on. If the situation is too critical, call for help (e.g. by calling a national helpline or emergency service). Don’t promise to keep the conversation confidential. When a person is at high risk, you have to get help immediately. If the crisis is acute, treat it as an emergency and call an emergency service, a suicide prevention helpline, the employee’s counsellor or general practitioner, or take the person to the emergency department of the nearest hospital.

