



| Document Status | | | |
|---|-------------|--|---------------------|
| Date of Next Review | Autumn 2026 | Responsibility | Resources Committee |
| Date of review Nov 2025 | | Chair of Committee Jonathan Redhead | |
| Method of Communication (e.g Website, Noticeboard, etc) website, sharepoint | | | |

Suicide Ideation Policy

1. Statement of purpose

- Sharow CE Primary School is aware that suicide is the leading cause of death in young people and that we play a vital role in helping to prevent young suicide.
- Our school wants to ensure that pupils and staff are as suicide-safe as possible and that our governors, parents and carers, teaching staff, support staff, pupils and other key stakeholders are aware of our commitment to be a Suicide-Safer school.

2. Our beliefs about suicide and contributory factors. Sharow CE Primary School acknowledges that:

a. Suicidal thoughts are common

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

b. Suicide is complex

We believe that every suicide is a tragedy. There are a number of contributory factors surrounding 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.

c. Stigma inhibits learning – stigma can kill

We recognise that the stigma surrounding suicide and mental illness can be both a barrier to seeking help and a barrier to offering help. Sharow CE Primary Schools is dedicated to tackling suicide stigma. We will promote open, sensitive talk in our language and in our working relationships that does not stigmatise and perpetuate taboos.

d. Suicide prevention is everyone's business



We recognise that pupils and staff may seek out someone who they trust with their concerns and worries. We will endeavour to facilitate the reporting of any risks or concerns.

e. Safety is very important

We will seek to support our pupils and staff, working in partnership with family, caregivers, external agencies and other professionals as appropriate to enhance suicide-safety and reduce the risk of suicide in pupils and staff.

f. Suicide is a difficult thing to talk about

We know that a pupil who is suicidal may find it very difficult to make their feelings known and speak openly about suicide. We will provide trained adults who are able to identify when a pupil may be struggling with thoughts of suicide.

g. Talking about suicide does not create or increase risk

We recognise that talking to someone about suicide does not put them at additional risk. One of the only ways to really know if a person is contemplating suicide is to ask. We recognise that asking someone if they are feeling suicidal may seem difficult but it is important to ensure that you can take the right actions to reduce the risk of suicide.

h. Those with personal experience have a unique role to play in the development and refinement of this Suicide-Safer Policy

We will endeavour to involve anyone from our community who has personal experience of suicide, either having struggled themselves or supported someone with thoughts of suicide.

3. How we help ensure an active person-centred suicide prevention and intervention policy

- a. Sharow CE Primary School has a named individual who is responsible for the design, implementation and maintenance of this policy.
- b. Sharow CE Primary School has staff trained that understand this policy and are trained in Suicide Intervention. We will ensure that all staff have undertaken Suicide Intervention Training and where appropriate to the role additional training is undertaken. The Designated Safeguarding Lead will be the point of escalation for any concerns about a pupil or young person. We will keep confidential records of pupils at risk of suicide to ensure some continuity of care within the intervention model.
- c. We will endeavour to ensure that all our staff are suicide aware. This means that all staff inductions will include suicide awareness, i.e. how to spot signs, what to do and how to escalate any concerns whether this is in relation to a pupil or member of staff.



- d. We will ensure that all pupils are aware of difficulties with mental health. This means that we will ensure that as part of the planned Personal, Social, Health Education (PSHE) curriculum there is age appropriate learning which equips our pupils to know how to spot signs, what to do and how to escalate any concerns to a member of school staff.
- e. We will be clear about how we enhance the physical safety of our environment including the removal of potential ligature points, restricting access to places which facilitate jumping, and securely storing harmful substances.
- f. We recognise that the need to protect someone's life must be balanced against the need to protect their confidentiality. Should any pupil or member of staff who is known to have suffered from suicidal thoughts and is presently believed to be at risk, leave *school* unexpectedly for whatever reason, we will endeavour to inform their emergency contacts of their vulnerable state and the police as appropriate.
- g. We recognise that anyone may experience periods of poor mental health while attending our school or college. We will endeavour to put in place mechanisms which allow staff that have regular interaction and be able to flag or review any concerns about individuals including suspected suicidal thoughts. Ideally this flagging will be electronic and immediate e.g. CPOMS Pupils that are flagged in this way will be reviewed regularly and routinely by nominated staff so that patterns of concerning behaviour can be spotted and the necessary steps can be put in place to keep them safe, including meeting them face to face.
- h. We recognise that whilst rare, young people can be particularly susceptible to suicide contagion where one such loss can lead to or be linked to further links deaths within a particular community or establishment. We acknowledge that early identification of such a situation or an emerging cluster requires vigilance and effective communication from all relevant partners. In such circumstances a coordinated, multi-agency response led by Public Health teams is essential and federation will cooperate in any multi-agency activity.
- i. If a child moves schools and there are concerns that they may be at risk of self-harm or suicide, *the school* will share their concerns with the child's new school to ensure that they can be supported. Information will be shared promptly and will be proportionate to the level of identified risk.
- j. When we identify a pupil or member of staff is at risk of suicide and external services are engaged, such as a hospital A&E department



or a crisis centre, we will have explicit guidelines on the pathways that apply. Those guidelines will be developed in co-operation with the external services, and will be reviewed regularly as the provision of such services change over time.

4. How we help ensure a sensitive and safe and sensitive postvention provision

- a. Sharow CE Primary School will be clear about how we deal with an inquest after someone has died by suicide in our school. We will support the authorities in their work but will be mindful of the distress an inquest causes to the bereaved people. We will also be mindful of the impact supporting an inquest can have on staff.
- b. We will record and monitor deaths by suicide and the impact on the community. This will include on-going monitoring of pupil deaths including suicides, suspected suicides and, if possible, self-harm. Monitoring of self-harm might be done through the collection of information from pupil support services and pupil health services.

5. We will also:

- Record and monitor the uptake of bereavement support services by pupils after a suicide
- Survey pupils regarding how supported they feel
- Assess the impact of interventions on staff
- Review lessons learned and any suggested changes to procedures and provision of well-being services
- Monitor multiple events, such as two suicides in a relatively short period of time (e.g. one term) which may or may not be connected and could indicate a possible suicide cluster, including investigating possible connections between individuals, their circumstances and their suicidal behaviour.

6. Ongoing support and development of our policy and practice

- a. Our Leadership Team will ensure that ongoing reviews take place that processes are updated in line with best practice and that on-going training is undertaken when necessary.
- b. Where possible we will include or consult with members of our community who have personal experience of suicidal ideation, either their own or as a concerned other, in the design, development and continuous refinement of this policy.