

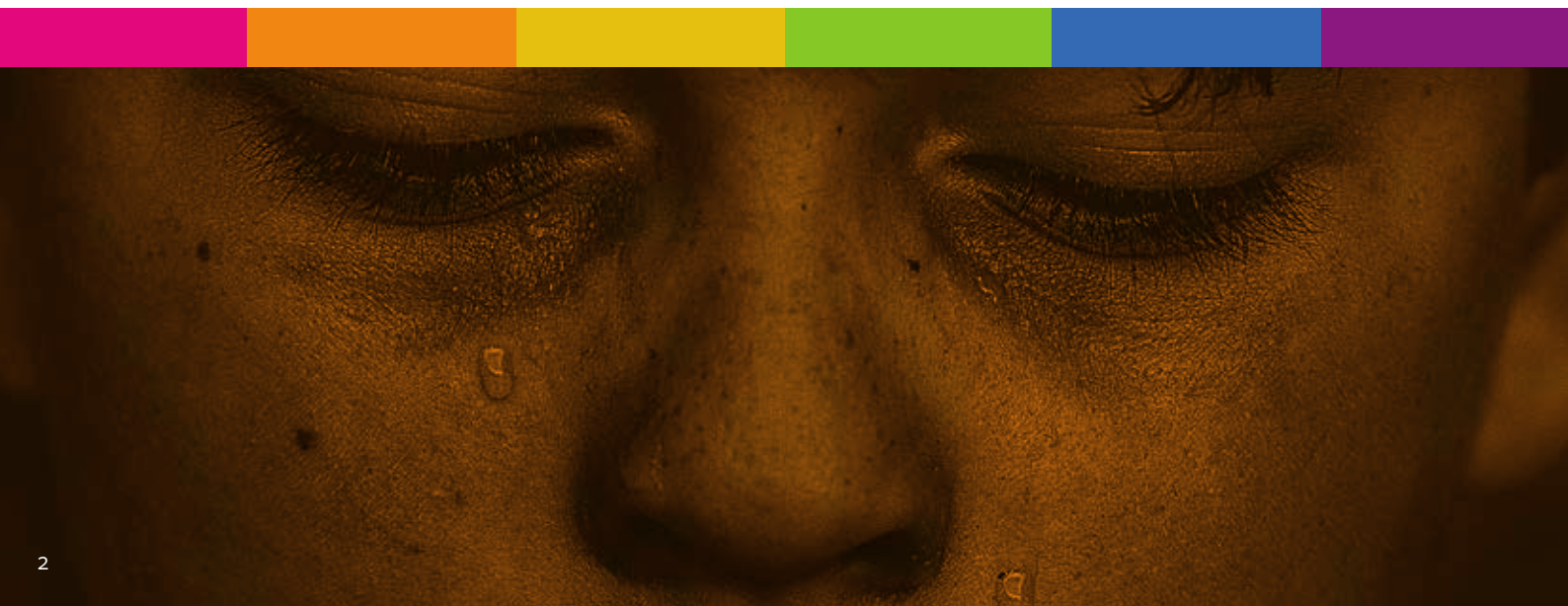


# Responding to issues of Self-Harm and Thoughts of Suicide in Children and Young People in Gwent

**Guidance  
for frontline  
practitioners  
and volunteers**

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# Introduction

This guidance aims to support practitioners to respond appropriately to a child who appears to be experiencing mental distress, and who has self-harmed, and/or has considered/considering/attempted to take their own life.

For the purposes of this guidance, a child is defined as an individual who is aged under 18 (in line with the Social Services and Wellbeing Act 2014).

Without support, mental distress can have a severe impact on children's happiness, well-being and development, and their potential to live fulfilling and productive lives.

Recent research emphasises that there is a small yet worrying core of young people facing difficulties, often resulting from Adverse Childhood Experiences (ACEs) that will go on to have enduring mental health problems.

Young people live in a world that is harsh and unforgiving, one that often demands unattainable levels of perfection.

*“With exam stress, bullying, and school culture, more and more young people are becoming unhappy. Our report highlights the high levels of ‘fear of failure’ among 15 year olds in the UK compared to other countries. Many felt their life didn’t have a sense of purpose.”*

**(Children’s Society ‘Good Childhood Report’ 2020)**

In 2019 Time to Change Wales – an alliance of leading Welsh mental health charities – launched a programme aimed at young people in Wales. The programme uncovered as many as 1 in 5 young people reported having experience of a mental health problem (Time to Change Wales 2019).

More recently, additional uncertainty and disruption has arisen with the onset of the global Covid pandemic. The pandemic has had multiple effects on young people, and there is ongoing concern over the impact of the pandemic (combined with existing pressures) on the mental health of children and young people.

Self-harm is a coping mechanism that some children use when experiencing mental distress. Self-harm is much more common among young people than other age groups (ONS 2018).

The intent of self-harm is almost always to feel better, whereas for suicide it is to end feeling (life) altogether (Child Mind Institute 2022, online).

Any child or young person, who self-harms or expresses thoughts about this or about suicide, must be taken seriously and offered help and support at the earliest opportunity.

‘Self-harm is a sign of serious emotional distress and while most people who self-harm will not go on to take their own life, longer term self-harm is associated with developing thoughts of suicide’

(Samaritans Press Release, ‘Samaritans believes reducing self harm is key to suicide prevention’ 10th September 2019, available online)

In addition to this Gwent practice guidance, featuring relevant local referral pathways etc., in 2019 Welsh Government published national practice guidance which includes useful flowcharts, case studies and template safety plan: <https://gov.wales/responding-issues-self-harm-and-thoughts-suicide-young-people>

See also: Talk to Me 2 - Suicide and Self Harm Prevention Strategy for Wales 2015 - 2022’ <https://gov.wales/sites/default/files/publications/2019-08/talk-to-me-2-suicide-and-self-harm-prevention-strategy-for-wales-2015-2020.pdf>

A ‘Young Person’s Mental Health Toolkit’ has been commissioned by Welsh Government aimed at 11 - 25 year olds: <https://hwb.gov.wales/repository/resource/e53adf44-76cb-4635-b6c2-62116bb63a9a/en>



Childline continue to take calls from children and young people experiencing mental distress:

*“9 times out of 10, when kids call up and if they’ve harmed themselves or they’re attempting suicide, that isn’t what they want to speak about. They want to speak about what’s actually brought them to that point”*



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## Reporting Safeguarding Concerns

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The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory local authority intervention in family life (Section 47 enquiries), when it's felt to be in the best interests of a child/children.

The Local Authority is under a duty to make enquiries, where it has reasonable cause to suspect that a child is suffering, or is likely to suffer 'significant harm'. The 'Significant Harm' threshold is integrated into Wales Safeguarding Procedures relating to Children.

*“Where the question of whether harm is significant turns on the child's health or development, the child's health or development is to be compared with that which could reasonably be expected of a similar child”*

**(Section 31(9)), Children Act 1989.**

Therefore, practitioners must submit a Duty to Report where it is felt a child may be at risk of 'Significant Harm'.

In all instances where practitioners have concerns relating to the safety and wellbeing of a child relating to suicide and/ or self-harm (including where risk of harm is less clear cut), advice should be sought from CAMHS, in order to determine the appropriate course of action (intervention) in relation to the child's mental health and the level of risk posed. In the first instance practitioners should notify and discuss concerns with the agencies Designated Safeguarding Person – or DSP – (who could be the one who seeks advice from CAMHS), or the local authority safeguarding team where DSP is not available. See p20 for local authority contact details.

Your agencies Safeguarding Policy should outline internal arrangements for safeguarding, including details for your agencies Designated Safeguarding Person (Wales Safeguarding Procedures).

# Self-Harm

Self-harm refers to any deliberate act of self-injury or behaviour intended to cause harm to someone's own body. It commonly takes the form of cutting or burning, but can also include self-destructive behaviours such as excessive drinking, as-well as suicide attempts.

**It is not helpful to think of self-harm as manipulative or attention seeking. For most it is hidden. It is often not 'just a phase' or easily stopped.**

## The Signs of Self-Harm

**Cutting • Burning • Banging or scratching one's own body • Interference with wounds • Hair pulling • Breaking bones** (The most common ways of self-harming ranked in order).

There are a number of signs that may indicate that a person is self-harming. These include:

- Obvious cuts, scratches or burns that do not appear to be accidental.
- Frequent 'accidents' that cause physical injury.
- Regularly bandaged arms and/or wrists.
- Reluctance to take part in physical exercise or other activities that require a change of clothing.
- Wearing long sleeves and trousers during hot weather.

It is useful to also consider additional risk factors which increase the possibility that a person will self-harm. An understanding of how the young person processes the world and regulates their emotions can be extremely useful, and does not always require mental health training; it simply requires basic human traits of compassion and empathy, and of recognising changes in how the young person presents. These risk factors include:

- Low self-esteem
- Perfectionism
- The onset of a more complicated mental illness such as schizophrenia, bi-polar disorder or a personality disorder.
- Problems at home or school, including being missing
- Neglect, physical, emotional or sexual abuse
- Drug and/or alcohol misuse or risk taking behaviour
- Out-of-character behaviour
- Victims of bullying or young people who bully others
- A sudden change in friends or withdrawal from a social group
- Lack of interest in usual school activities and/or an overall decline in grades or a decrease in effort



## **First time self harm and/or where the sustained injury is not serious, without a risk of suicide...**

If you are concerned about a young person and have noted some signs and indicators of possible self-harm, talking to the young person about your concerns at a safe and appropriate time may well encourage a young person to open up, or allow you to provide reassurance or suggestions as to where they could get help in the future. Bear in mind that it may take time for a young person to open up and disclose self-harm, so it is important to give them more than one opportunity to talk.

There is specific information for young people at the back of this booklet. The immediate response in relation to helping a young person who is self-harming is vital.

Important messages are communicated to the young person in how they are treated and made to feel when being asked about self-harm, and it is important that they do not feel invalidated.

If you are a practitioner (this includes volunteers), it's important that you raise concerns with the Designated Safeguarding Person in your own organisation and agree a response.





This could include making a referral to the relevant **SPACE WELLBEING PANEL**, if the young person does not have services involved.

## Did You Know?

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**There are differences in what girls and boys often do:**

- **Girls** may develop eating problems, take tablets or cut themselves
- **Boys** tend to opt for forms of self-harming that might involve more violence. This can lead to a higher possibility of death.

### **For an injury that does not require immediate medical attention...**

1. Always remain calm.
2. Take the young person to a safe/quiet/appropriate place, e.g. an office, not in a corridor or public space.
3. Do not immediately focus on the injury but offer general comments that are non-judgemental. Move towards talking about the injury as a secondary issue. Ensure you listen to the young person in an empathetic way.
4. It is more often the case that a desire to die is not the main drive for self-harm. The following questions can then be helpful to determine the real reasons. (Ensure you record responses for later reference):
  - Ask exactly what they did
  - Was it planned or impulsive?
  - Were drugs or alcohol involved?
  - Where and how did they learn to self-harm?
  - Do they know of anyone else who self-harms?
  - Does anyone know they self-harm, and if so, what do they think?
  - Is there anything in particular that triggers the self-harm?
  - How do they normally self-harm?
  - When they do manage to cope without self-harming, what alternatives do they find work?
5. Highlight the children's information at the back of this booklet to the young person.
6. Acknowledge their bravery in opening up.



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7. Acknowledge that things must be hard for them.
8. In all cases, hold a discussion with the young person on how and when to discuss their issues with parents or carers, and if possible, offer support to help do this.
9. Explain that a **Designated Safeguarding Person** will be contacted. S/he will try to help. If necessary, a referral will be made to other appropriate agencies in order to get help.
10. You must then share information with a parent/carer and ensure the parent/carer agrees to follow the CAMHS Emergency Liaison Safety Plan.
11. Relevant agencies should be informed in order to promote the child or young person's safety and well-being. **This is not conditional on obtaining consent and should not discourage people from acting in the best interest of the child/ young person.**
12. 'Close' the conversation by explaining that you or the **Designated Safeguarding Person** will help and are available to listen and talk further. If the young person is unsafe to be left, do not leave them until later. Arrange to speak with the young person again, possibly within 24 hours and tell them that you are there to listen to them at any time.
13. For high-risk self-harming behaviour where the child or young person is at risk of significant harm call the **CAMHS Emergency Liaison Duty Line** for a triage assessment (available 8am – 9pm) – see box overleaf. Individual advice will be given. Wales Safeguarding Procedures should be followed and the local authority should be contacted, (numbers are at the back of this booklet).

## For a new injury requiring medical attention...

1. Always remain calm.
2. Take the young person to a safe/quiet/ appropriate place, e.g. an office, not in a corridor or public space.
3. Most self-harm is not physically serious, and does not require medical treatment in a hospital setting. In this case, follow the normal first aid procedures. Self-harm that requires medical treatment would be: all overdoses, cuts that require stitches, self -poisoning of other sorts e.g. ingestion of toxic chemicals, swallowing objects or insertion of objects into the body, burns, muscular skeletal injuries from hitting walls, head banging or jumping from a height etc.
4. For the cases that need immediate medical treatment the young person should be taken to A&E without delay. Other cases which need medical assessment will be triaged into Minor Injury Units, Children's Assessment Unit, GP clinic etc. The Emergency Liaison Clinician can advise.
5. Parents or carers should be informed and attend hospital with the young person, where possible.
6. If you are not sure if the self-harm requires medical treatment, please call the **CAMHS Emergency Liaison Duty Line** (see box overleaf) for a triage assessment.
7. If the young person has disclosed that the reason for self-harm is because of abuse, you should submit a '**Duty to Report**' (safeguarding referral) to the local authority. Details for Gwent Multi-Agency Duty to Report Form (DTR) and local authority contact details can be found on Gwent Safeguarding website – click 'Report a child at Risk'. [www.gwentsafeguarding.org.uk](http://www.gwentsafeguarding.org.uk)
8. If you have safeguarding concerns in relation to a young person attending hospital, please inform the ward/ department of your concerns to ensure the child is safeguarded whilst in hospital and the risks are considered when planning discharge.
9. When there is immediate risk of suicide or self-harm, please call the **CAMHS Emergency Liaison Duty Line** (see box) for a triage assessment.
10. It is important that practitioners who gather the information relating to risk call the duty line themselves, rather than handing this responsibility over to the safeguarding lead who may not have as much information.
11. IF THERE ARE IMMEDIATE CONCERNS OVER THE YOUNG PERSON'S SAFETY AND YOU DO NOT FEEL ABLE TO KEEP THEM SAFE, PLEASE CALL THE EMERGENCY SERVICES.

## Following the CAMHS Emergency Liaison Triage Assessment via the Duty Line: CAMHS Emergency Duty Line: 07387 546314 (Duty line available 8am - 9pm).

Outside of these hours call ABUHB switchboard on 01633 234234 and ask for CAMHS on call psychiatrist:

- 1) Inform the parents or carers if not already aware
- 2) CAMHS Emergency Liaison plan to be agreed with parents/carers
- 3) Family should be informed of the outcome of the Triage Assessment; this might mean the young person needs to go to hospital for medical assessment or treatment; passing on an appointment time for an Emergency Outpatient Assessment; gaining consent to making a referral to SPACE and Wellbeing

12. It's important to consider next steps, including monitoring the young person and which agencies will need to become involved. The minimum response would be to speak to the young person when they return from being assessed/receiving treatment and offer support if needs be. Point them to the young people's information in this booklet and let them know that you are there to listen should they need you to be.
13. Support and advice for practitioners and families can be accessed through the primary mental health team in your area. (Please see numbers at the back of this booklet).
14. If in school, you will need to inform the school health nurse of any injuries.
15. Write down and log all information, discussions and decisions made.

### If CAMHS Emergency Assessment is required, following triage...

1. Consider if a safeguarding issue has been disclosed and if so, follow **Wales Safeguarding Procedures**. Practitioners should contact and discuss with the **Designated Safeguarding Person (DSP)** in your organisation.
2. The **Designated Safeguarding Person (DSP)** may need to meet the young person for a discussion. This is likely to be best with the person to whom the young person disclosed.
3. If parents have not been involved and are unaware what has happened, it is good practice to get the young person's agreement to share details with their parents and to reassure them that this will be managed sensitively and carefully. Parents should be supported to see it from the young person's point of view.
  - However, there may be cases when parents have to be informed without the young person's agreement (duty of care), when the risk to the young person's safety and not telling the parents outweighs the risk of engagement with the young person.
  - There may also be cases where it would not be appropriate to inform parents, (for example: where safeguarding issues/abuse has been reported, in which case the **Wales Safeguarding Procedures** would be followed and local authority informed. For example, a disclosure of abuse/ domestic abuse amongst the parents may have led to the self-harming behaviour.
4. Consider the previous point and contact parents/carers if appropriate.
5. If a young person strongly disagrees with their parents being informed, practitioners should follow Wales Safeguarding Procedures (where it's clear this is a safeguarding matter), or else their organisations policy around confidentiality.
6. If in doubt, you should contact and discuss with your local authority. (Numbers are at the back of this booklet).
7. Write down and log all information/discussions/meetings and decisions made.

8. If you feel further help is needed, there are a number of organisations with their contact numbers at the back of this booklet, including:

- Gwent local authorities x 5
- Education Services.
- Specialist Child and Adolescent Mental Health Services (S-CAMHS) via **SPACE WELLBEING PANELS**.
- A GP or the GP Out-Of-Hours Service.
- A School-Based Counsellor. You will need to contact the school that the young person attends.

## **What should I do if I have urgent concerns about someone?**

If you are concerned about suicide risk or escalating patterns of self-harming behaviours, you can **call the CAMHS Emergency Duty Line on 07387 546314** (see previous), a triage assessment will be completed and the Specialist CAMHS Emergency Liaison Team will assist you in triaging the young person and making clinical decisions. The outcomes of the triage assessment will range from arranging a hospital admission if required, arranging Emergency Assessments in the out-patient setting or advising on an alternative course of action.

Specialist CAMHS also operate a Consultation Line, open Monday to Friday, between 9am and 5pm - **07917 244125** – this is for families, young people and professionals and is operated by CAMHS clinicians. The purpose of this line is for advice and consultation regarding existing care for those young people already using the CAMHS system, and for professional advice on potential mental health issues. This line is NOT to be used if there are concerns from a practitioner about suicide risk or escalating patterns of self-harming behaviours – **the CAMHS Emergency Duty Line** is to be used for this purpose.

This system has been operational in Gwent for five years and hundreds of young people are offered outpatient assessments as an alternative to emergency GP appointments, A&E presentations or hospital admissions. This is more beneficial to the family at a time of crisis.





## What you can do in the moment, if a young person discloses suicidal thoughts....

Use the questions below to explore the risk and context of the suicidal thoughts with the young person, so that you have enough information to complete the triage assessment with a specialist **CAMHS Emergency Liaison Clinician**, when you call the CAMHS Emergency Duty Line **on 07387 546314** (see previous).

- Start the discussion with general questions about their life to get a general idea of their level of functioning. Are they going out with friends and engaging in pro-social activities? Ask if they are attending school, what they are studying and what they want to do when they finish school. This will give you some idea of future plans, before you start to explore the other issues.
- Ask about the context of their distress, what has precipitated feelings/self-harm?
- Have they self-harmed in the past?
- Have they recently self-harmed?
- Does the self-harm require medical treatment?
- Are their thoughts about suicide fleeting? Do they come when the young person is distressed then go away or are they more frequent and intrusive?
- Has the young person thought about methods they would use to complete suicide?
- If a particular method or methods are identified, would the young person have access to the method?
- Has the young person identified a time when they plan to complete suicide?
- Have they ever tried to kill themselves in the past?
- What has stopped them acting on the suicidal thoughts?
- Are they reporting depressive symptoms? Depressed mood, reduced social functioning and reduced pleasure from previously enjoyed activities, poor sleep, sleeping too much, poor concentration?
- Are other services involved?

Reassure the young person that you will be discussing their thoughts with a Specialist Clinician who will advise on the next steps and that the clinician would always prefer to hear about their problems and help them to access help before they have harmed themselves.

Once you have gathered as much information as you can, call the **CAMHS Emergency Duty Line on 07387 546314** (see previous) for a triage assessment and advice. Ask someone else to stay with the young person.

The CAMHS Clinician will complete a triage assessment over the phone, whilst checking our records to see if this young person has been seen before.

Once you have made the call to CAMHS Emergency Liaison, practitioners should inform the **Designated Safeguarding Person** in their organisation. If not already involved, the young person's carers or parents should be contacted informing them of the risk. When available, the CAMHS Emergency Liaison Safety Plan should be discussed with the family and if the outcome is admission to hospital, out-patient emergency assessment or referral to another service/agency, the referrer should contact the family to pass on that information.

### When you discover significant self – harm, or escalating patterns of self-harm...

**Call the CAMHS Emergency Duty Line** (see previous) for a triage assessment and individual advice on how to manage risk and access medical and urgent CAMHS Assessment if required. Please gather as much information as you can.

# Suicide

The definition of suicide is an act that is dependent on intent. A coroner will return a verdict of suicide only if there is clear evidence, beyond all reasonable doubt that the individual intended to kill themselves and the death was self-inflicted.

**‘Suicidal ideation’** is a medical term often used to describe the state of a person who has thoughts of suicide. This can vary from a single fleeting thought, to the construction of a detailed plan.

## Signs of Suicide Ideation...

Most suicides are impulsive acts with very few signs of intention, but some possible indicators are:

- **What they say:** it is important that any disclosure of attempted suicide or suicidal thought is taken very seriously and acted upon.
- **Alcohol and drug use with existing low mood:** 1 in 3 adolescents are intoxicated at their time of death.
- **A previous suicide attempt:** between one quarter and one third of adolescents at risk of suicide have made a prior attempt.
- **Giving precious items away.**
- **Morbid thoughts.**
- **Sudden interest in death.**
- **A sense of hopelessness regarding the future.**
- **Serious depression.**
- **Mental health issues.**

*In some countries, suicide is now one of the three leading causes of death among people aged 15 to 34 years.*

## How to help a Young Person who has suicidal intent...

If a Young Person has disclosed suicidal thoughts to you:

- 1. Reassure them that they are right to have told you.**
- 2. Assess whether there is an imminent risk that they will act upon these thoughts.**
- 3. Discuss the following questions:**
  - Are they talking of taking any action now?
  - Are they talking about taking their own life?
  - Have they got plans to carry out these actions?

*Keep in mind that the greater the degree of planning, the greater the concern should be. For example: Have they written a suicide note?*

- Have they already acted upon their thoughts?

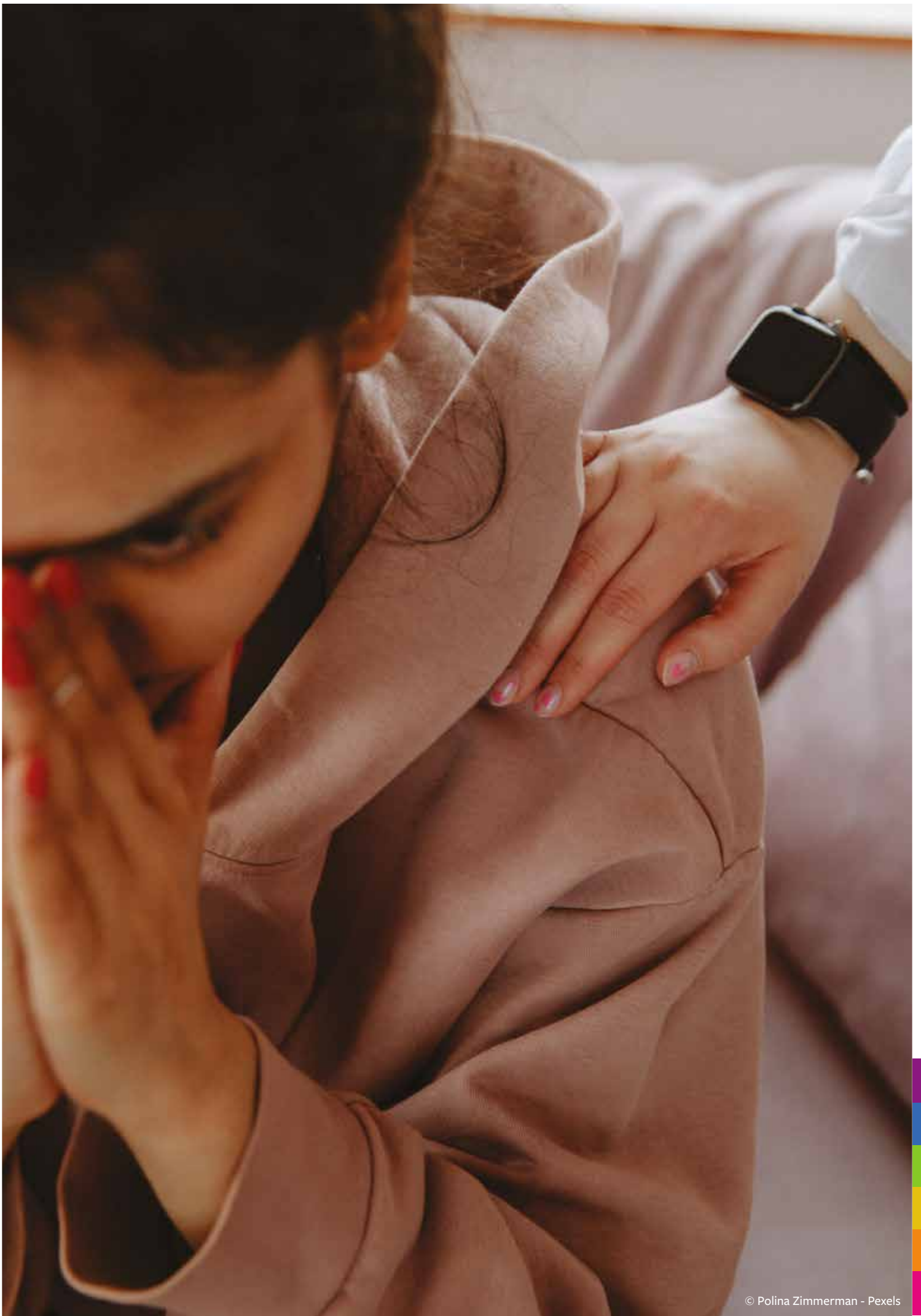
*For example: Have they just taken an overdose? If yes, then ask what it was that they took. Have they got the bottle or pack? If yes, then remove the item from them.*

- How are they intending to take their own life?
- Have they actually made attempts in the past?
- Are they alone or in protective company?

## **If you believe that there may be an imminent risk:**

1. Try to calm the young person
2. Do not leave the young person alone.
3. If the young person has taken an overdose, then the young person should be taken to A&E immediately and an ambulance should be called for.
4. Formulate a plan to deal with the immediate situation. This should include:
  - Contacting the Designated Safeguarding Person in your organisation and/ or the local authority first, as this is a safeguarding concern.
  - Contacting the parents or guardians: The young person should not be allowed to return home alone.
  - Seeking urgent advice from specialist services, always ensuring that the young person is accompanied to these services.
  - Contacting the young person's own GP (Monday to Friday 08:00 - 18:30) or the on-call GP, or the GP Out-Of-Hours service at other times & Bank Holidays.
  - Getting to the A&E (if there has been an overdose or injury, attendance at A&E is the priority).
  - Contacting **CAMHS Emergency Duty Line: 07387 546314** (Duty line available 8am - 9pm). Outside of these hours call ABUHB switchboard on 01633 234234 and ask for CAMHS on call psychiatrist.
5. You should contact the Police if this will help protect the young person from immediate harm, for example:
  - Does the child or young person need to be taken into Police Protection in order to get them to a place of safety, even though this might not facilitate immediate treatment or assessment?
  - Is the child or young person in a public place where s/he needs to be detained under Section 136 of the Mental Health Act?
  - Is the child or young person in a private setting, having an injury that requires immediate treatment (including an overdose), but is refusing treatment and/or clearly lacks the capacity to make sound judgements?
  - The three examples above are the only times in which the police would be required to do something that no-one else could do.
6. Once you are satisfied that you have eased the immediate crisis, you should:
  - Get in touch with the Designated Safeguarding Person in your organisation and discuss the next steps, how you will monitor the young person, and which agencies should be involved.
  - Maintain contact with the local authority





## If you do not believe that there is an imminent risk, but you still have reason to be concerned...

1. Talk to the child or young person and reassure them that they should come back to you if they continue to be troubled or want to talk more, reassure the young person that you are there to listen.
2. Provide the child or young person with advice on who else might be able to help. Direct them to the young people's information at the back of this booklet and together, work out a practical plan for what to do if these thoughts and feelings re-occur.
3. Help the child or young person understand that you will need to inform your agencies **Designated Safeguarding Person** and also their parents or guardians in order to help keep them safe – refer to **Wales Safeguarding Procedures** for when there may be exceptions to informing family/carers, i.e. if there are concerns this may place the child or young person at an increased risk.



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4. Get in touch with the **Designated Safeguarding Person** in your organisation and discuss the next steps, how you will monitor the young person, and which agencies should be involved.
5. Log all information, discussions, meetings, any decisions made and the reasons for making those decisions.
6. Contact Primary Mental Health Team or specialist Child and Family Psychological Health Services (S-CAMHS) for further advice if needed.



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# Suicide and Self Harm

## What else can you look out for?

It is generally recognised that some children and young people are at greater risk than others, and a range of support can be offered through universal, targeted or specialist services. Certain circumstances may lead to an increased risk of suicide and self-harm, including:

Young people with a severe mental illness, or diagnosed with schizophrenia (Particularly during the early phase after diagnosis).

Young people with depression

- Young people who misuse substances
- Young people with long term health conditions such as Chronic Fatigue Syndrome
- Young people who are gay, lesbian, bisexual, or transgender
- Young people with disabilities: for example children and young people who are deaf or hard-of-hearing
- Young people who have been sexually abused or bullied
- Young people who have a history of abuse and neglect
- Young people who have experienced the suicide of family members or peers

**It is important to remember that none of these risk factors may be present.**

## Seeking advice...

**There are several routes a practitioner can take when seeking external advice:**

- **IN ALL CASES** you should hold a discussion with the young person on how and when they will discuss matters with their parents or carers. Where possible, offer them support when they do this.
- Contact parents/carers at the appropriate time. If you are uncertain if this is the correct action, seek advice from the local authority in your area, and/or refer to **Wales Safeguarding Procedures** which includes practice pointers on sharing information with parents/carers.
- **SPACE WELLBEING PANELS** are the single point of access for all referrals to CAMHS\*, unless direct referral is indicated via the CAMHS Emergency Liaison Assessment process.

\*NOTE: The parent or guardian's permission will be required



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- Access advice from the local authority if unsure of any of the above (or from the Emergency Duty Team, if out-of-hours – listed at the back of this booklet).
- If the young person is still receiving an education, access advice from the School Health Nurse, and/or the Educational Psychology and Behaviour Support Service on what to do, and how to support the child or young person.
- Remember to log all information, discussions, meetings, decisions made, and the reasons for making those decisions.

All contact numbers for the agencies are listed at the back of this booklet.

## Confidentiality

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Whenever a child or young person tells you something that constitutes a safeguarding concern, practitioners need to explain that they may not be able to keep the information confidential, but may need to pass it on to parents and/or other professionals.

Practitioners should not work in isolation with a child or young person who is self-harming or expressing suicidal thoughts. Practitioners also need support, and the opportunity to debrief and share/discuss concerns. Confidentiality guidelines in relation to safeguarding concerns will need to be adhered to – refer to **Wales Safeguarding Procedures**. A child or young person will need to be helped to understand the limits of confidentiality.

Confidentiality needs to be sensitively managed and any information should be shared on a strict ‘need to know’ basis. Not all practitioners in your setting would need to be informed about a young person who is self-harming, but appropriate key staff would need to be informed. This will be a decision for the organisation as a whole to determine.\*

*\* See later section on information sharing in this booklet.*



## Support for Practitioners and Volunteers

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Working with distressed or traumatised young people can clearly take its toll on those practitioners who are offering support. It is very important that practitioners make opportunities to find ways to maintain their own health and well-being. This may include finding opportunities for debriefing, supervision and/or stress-management.

For example: A member of staff who has been working with a young person who is known to be self-harming, will need opportunities to talk to the **Designated Safeguarding Person** within the organisation, or other appropriate and supportive senior colleagues.

Relevant policies, guidelines and procedures should be in place and promoted amongst all staff. External support is available from other agencies such as the local authority safeguarding team, or the educational psychology service and/or the primary mental health services.

## Supporting the Young Person

A young person who is self-harming or has suicidal intent will need to be offered support. Ideally the initial practitioner involved should remain the main contact or source of support, particularly if the young person has chosen to disclose to him/her. The **Designated Safeguarding Person** in your organisation will remain involved either in a role that supports the young person, or supports a practitioner who is supporting the young person.

If inter-agency work is needed, then both the initial practitioner and the **Designated Safeguarding Person** may have a role to play in maintaining lines of communication.

The nature of support offered to the young person will depend upon the identified causes of stress or distress. Support will be identified through talking and listening to the young person and planning support strategies with them.

## Next Steps to be taken if a ‘Safeguarding Concern’ has been identified or disclosed...

- If you have safeguarding concerns, if a child has told you about specific abuse (physical, sexual, emotional or neglect), that is causing them to self-harm or to contemplate suicide, a **report (Duty to Report, DTR) Form** will have to be completed and returned to the local authority. A Duty to Report Form can be accessed via Gwent Safeguarding Website – [www.gwentsafeguarding.org.uk](http://www.gwentsafeguarding.org.uk), click on the yellow box ‘Report a child at Risk’
- If an urgent response is required, a referral can be made via the telephone. If there are concerns about the need to safeguard the welfare of a child or young person, then the **Wales Safeguarding Procedures** should be followed. After the report has been submitted to the local authority, initial enquiries will be completed if appropriate, in order to establish if the child is at risk and in need of protection.
- Those with concerns should ensure that there is appropriate documentation of their concerns, any decisions made, and any actions that have been taken. A full, written and dated record must be made, detailing what the child has told you (using the child or young person’s own words), with whom the information was shared, and why the decision to share the information was made, as per agency recording procedures.



## Tips for practitioners

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Simply being available, whenever possible, to talk to a child or young person who self-harms can make all the difference, as feelings of isolation are often part of the problem. Work with these young people to build rapport, and focus on the following:

- **Let them know that self-harm is common and individuals who do it are by no means alone.** Make sure that they know who it is that they can go to in your local area for expert help. (Refer to the useful numbers at the end of this booklet for more information). Some practitioners suggest that you should ask self-harming children and young people to think about what kinds of changes they would like to make, both in their lives and within their environment, in order to stop harming themselves.
- **The immediate response of practitioners in relation to helping a child or young person who is self-harming is vital.** Important messages are communicated to the child or young person in how they are treated and made to feel. If the injury or incident requires immediate medical attention, contact your local GP or hospital.
- **Children who self-harm require emotional, and sometimes, medical support.** Specialist health care providers can offer targeted advice and specific help, and can sign-post to the appropriate agencies for other information and support.

## Information sharing, Confidentiality, and Informing Parents or Guardians

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### Information sharing

In circumstances where there is concern about the health, welfare or safety of a child or young person, information will need to be shared with those who can best help. In most of these circumstances, this will be with practitioners who are known to the child, or those within agencies who can undertake an assessment of need, such as the local authority.

- Practitioners are professionally accountable and have a legal responsibility to share information (a Duty to Report)

## What information will be shared?

In all cases this information will be relevant to the young person's circumstances and current situation, as well as any observations that have been made, or things that the child or young person, or others have said.

## Is consent needed?

In all cases the preference would be to gain the child or young person's trust and co-operation to allow sharing the information about them, and for them to know exactly what is being shared with whom, and the expectations that should result from sharing this information.

In some situations the child or young person may choose to withhold their consent. If this occurs, consideration should be given as to whether not sharing information might place the child or young person at risk of significant harm (see previous).

NOTE: If a child discloses that they have been abused or neglected, then that information **MUST** be shared with the local authority regardless of the young person's consent – practitioners have a **Duty to Report**.

## Involving Families

The parents/carers/guardians of young people are often the ones best placed to provide them with the support and assistance they need, and should be involved unless there are reasons that indicate that this would increase risk to the child or young person.

The permission of the child or young person should be sought before sharing any information with the parents, and an agreement discussed around how best this should be undertaken. Should a competent child not want information shared with parents, then consideration should be given as to whether not sharing the information may place the child or young person at risk of significant harm. If you are in doubt, speak to the **Designated Safeguarding Person** in your organisation, or the local authority.

**If unsure on any aspects of consent, the [Wales Safeguarding Procedures](#) should be accessed at the earliest opportunity, as the procedures provides additional guidance on seeking consent, including when it may not be appropriate to share information with families/carers, or when it may be necessary to override a lack of consent.**

## Requests for information

When assessments are being undertaken in order to assist a child or young person, information may be requested by statutory partners. In these situations, it is appropriate to ask whether consent has been obtained from the young person and the extent of this consent. Social Workers making enquiries under safeguarding procedures may do so without consent when undertaking their statutory assessments.

## Gwent Immediate Response Group (IRG)

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Where a 'critical incident' has occurred involving a child, Gwent has a regional partnership arrangement in place for convening an 'Immediate Response Group' (IRG). The purpose of the IRG is to manage the consequences of critical incidents involving children and young people under the age of 18 years. This is in order to ensure that those who are affected, including friends, family, professionals and the wider community, are effectively supported.

A critical incident (for the purposes of IRG) is defined as an event, or series of events:

- which is sudden and unexpected; **and**
- that resulted in (or could have caused) death or serious harm; **and**
- impacting on individuals and/or the wider community; **and**
- where an effective response requires multi-agency co-ordination to manage threat, risk and harm

An Immediate Response Group (IRG) should be convened for all suicides (suspected or apparent) of children and young people under the age of 18 years. The IRG should be convened as soon as is practically possible, but no later than two working days after the critical incident.

Details for the IRG process are set out in **Gwent's Partnership Protocol for the Immediate Response to Critical Incidents Involving Children and Young People**, available to download on Gwent Safeguarding website:

Immediate Response Protocol to Critical Incidents Involving Children Young People - SEWSCB ([gwentsafeguarding.org.uk](https://gwentsafeguarding.org.uk))

The Protocol sets out details for a standing group (Appendix 2), which need to be involved where an Immediate Response Group is convened. Any member of the standing group may request to convene an IRG, but it is the IRG Chair (Police Superintendent) who is responsible for making the final decision about implementing the protocol.



# Helplines & Support



## Papyrus

Papyrus is a national charity dedicated to the prevention of young suicide.

**HOPELINEUK** is a confidential support and advice service for: \* Children and Young People under the age of 35 who are experiencing thoughts of suicide. Anyone concerned that a young person could be thinking about suicide. English and Welsh.

**HOPELINK** is PAPYRUS's digital platform that is helping HOPELINEUK callers to revisit and update their suicide safety plans, online.



## Samaritans Cymru

0808 164 0123 (Welsh Language) • 116 123 (English Language)

Available 24 hours a day, 365 days a year. English and Welsh - Listening service, email, letter, face to face.

App: <https://selfhelp.samaritans.org/>

Web: <https://www.samaritans.org/england-cy/samaritans-cymru/>



## Grassroots: Stay Alive App

The Stay Alive App is a suicide prevention resource for the UK. It can be used if you're having thoughts of suicide or if you are concerned about someone else who may be considering suicide. It offers strategies for staying safe and tips on how to stay grounded when you're feeling overwhelmed. The app was created by Grassroots. English only.

<https://prevent-suicide.org.uk/find-help-now/stay-alive-app/>



## Shout

SMS Support: 85258

Shout is the UK's first 24/7 text service, free for anyone in crisis anytime, anywhere. It's a place to go if you're struggling to cope and you need immediate help. English only.

<https://giveusashout.org/>

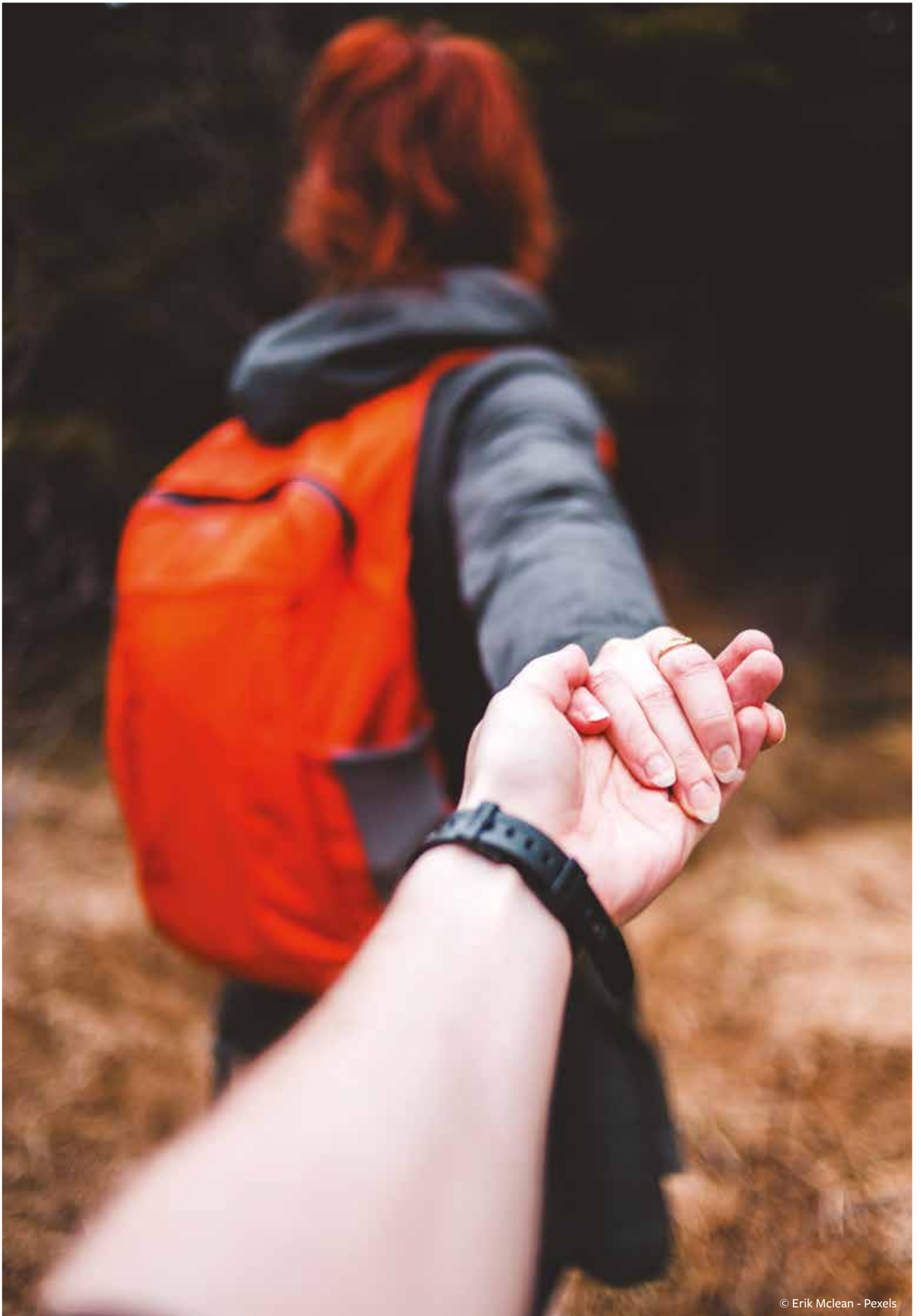


## Ripple Suicide Prevention

Ripple Suicide Prevention aims to intercept internet searches relating to self-harm and/or suicide through innovative technology, with messages of hope and support services.

[www.ripplesuicideprevention.com](http://www.ripplesuicideprevention.com)





# Additional Helplines and Support:

## Childline Cymru:

24-hour help line for children and young people.  
Tel: 0800 11 11 [www.childline.org.uk](http://www.childline.org.uk)

## Young Minds:

Child and adolescent mental health services. Text: YM to 85258.  
Parent Helpline: 0808 802 5544. [www.youngminds.org.uk](http://www.youngminds.org.uk)

## DistrACT App

Provides easy, quick and discreet access to general health information and advice about self-harm for those aged 17+.  
English only. <https://www.expertselfcare.com/health-apps/distract/>

## Campaign Against Living Miserably

(CALM). Helpline: 0800 585858. Things can get tough, but CALM can help you get your life back. English only.  
<https://www.thecalmzone.net/>

## National Self Harm Forum

This is a forum that support individuals who self-harm, to reduce emotional distress and improve their quality of life.  
[www.nshn.co.uk](http://www.nshn.co.uk)

## Alumina

Alumina is an online course started by selfharm.co.uk for young people aged between 14 & 19. It doesn't matter how long you've been self-harming or what it means to you, Alumina is an opportunity to think more about it and work out what your next step might be. [www.selfharm.co.uk](http://www.selfharm.co.uk)

## Gwent 2 Wish upon a star – supporting families bereaved by suicide

Immediate support, counselling, group support and more for families affected by the suicide of an individual, of any age, in Gwent: [support@2wishuponastar.org](mailto:support@2wishuponastar.org)

## Help is at Hand Cymru

Public Health Wales resource with information for people bereaved through suicide or other unexplained death, and those helping them <https://phw.nhs.wales/topics/suicide-and-self-harm/reports-folder/help-is-at-hand/>

## Live Fear Free Helpline

0808 80 10 800 Call. Chat. Text. Email. Help and advice about domestic abuse, sexual violence and other forms of violence against women. English and Welsh.

## MEIC Cymru:

Information, advice and support for your life. Tel: 080880 23456.  
Text: 84001 [www.meiccymru.org](http://www.meiccymru.org)

## Stamp Out Suicide!

A website that serves as a point of contact for those feeling down, depressed and/or suicidal.  
[www.stampoutsuicide.org.uk](http://www.stampoutsuicide.org.uk)

## LGBT Cymru Helpline

Providing advice and confidential support to lesbian, gay, bisexual, and transgender young people. • Freephone: 0800 917 9996 (Mon - Wed, 7 - 9pm)  
<https://www.lgbtcymru.org.uk>

## The Hideout:

Created by Women's Aid to support children and young people with experiences of domestic violence. English only. <http://thehideout.org.uk/>

## Mankind

01823 334244. Confidential helpline for male victims of domestic abuse and domestic violence. [www.mankind.org.uk](http://www.mankind.org.uk)

## The National Association for Children of Alcoholics (NACOA)

Helpline: 0800 358 3456. Information, advice and support. English only.

## Young Person's Mental Health Toolkit

**Hwb**®

Commissioned by Welsh Government aimed at 11 - 25 year olds: [https://hwb.gov.wales/repository/resource/e53adf44-76cb-](https://hwb.gov.wales/repository/resource/e53adf44-76cb-4635-b6c2-62116bb63a9a/en)

[4635-b6c2-62116bb63a9a/en](https://hwb.gov.wales/repository/resource/e53adf44-76cb-4635-b6c2-62116bb63a9a/en)

## Kooth Schools-Based Counselling Service

Every comprehensive school has a trained and qualified counsellor who is able to talk confidentially with any young person about anything that is worrying them. Young people can pick up a leaflet at school to arrange an appointment, pop in to see them, or ask a teacher or another member of staff about the service. Young people can also contact the local Youth Service who can help coordinate a meeting.

Kooth [www.kooth.com](http://www.kooth.com) is a unique on-line service that provides vulnerable young people, who have emotional or mental health problems, (including self-harm issues), with confidential support when they need it most. Kooth was developed to provide PCTs, local authorities and GPs with the resource, expertise and support needed to provide help to young people who are most at risk and, more crucially, to help prevent them from entering the care system. Counsellors are on-line Monday to Friday from 12 noon until 10pm, and at the Weekends from 6pm until 10pm.



# Local Resources & Training

## Melo Cymru



Aneurin Bevan University Health Board have developed this website with partners to look after the mental wellbeing of people living and working in these areas; Torfaen, Newport, Monmouthshire, Caerphilly, Blaenau Gwent.

The Melo website contains details of workforce training on suicide and self harm available in the region.

[www.melo.cymru](http://www.melo.cymru)

## Diogelu Gwent Safeguarding

Gwent Safeguarding commissions regular, free, multi agency training around suicide and self harm for practitioners working with children and young people.. The course aims to provide practitioners with the confidence to have difficult conversations and take further measures.

Check website training pages for details: [www.gwentsafeguarding.org.uk/en/training/courses](http://www.gwentsafeguarding.org.uk/en/training/courses)



## Legislative Background

**Social Services and Wellbeing Act 2014** – The Act sets out how both adult and children's social services deliver their services, in relation to safeguarding.

**Working Together To Safeguard People** – A key statutory guidance document that forms part of the Act which sets out specific arrangements for safeguarding children and adults.

**Wales Safeguarding Procedures**– Introduced in 2019, they are national procedures detailing the essential roles and responsibilities for practitioners to ensure that they safeguard children and adults at risk of abuse and neglect. They help practitioners apply the legislation and the statutory guidance set out in Working Together To Safeguarding People. The procedures are only available digitally – the App is free to download via App store. [www.safeguarding.wales](http://www.safeguarding.wales)

**The Children Act 1989/2004/2020** – The Children Act 1989 is the primary legislation relating to children. The 2004 Act updated the arrangements for services to children including a change in emphasis to safeguarding from child protection. The 2020 Act saw the abolishing of the defence of reasonable punishment.

For more information pertaining to anything within this booklet, please contact Gwent Safeguarding Business Unit (contact details below).

**Gwent Safeguarding** is a Regional Safeguarding Board Partnership comprised of the five Local Gwent Authorities' Children's Services, Adult Services, Housing, Education and Youth Offending Services, along with representatives from the Aneurin Bevan Health Board, Public Health Wales, Gwent Police, Wales Probation Trust, Barnardo's, the Gwent Association of Voluntary Organisations and the Torfaen Voluntary Alliance.

The purpose of this partnership is to hold each other to account and to ensure safeguarding children remains high on the agenda across the region - email: [gwent Safeguarding@caerphilly.gov.uk](mailto:gwent Safeguarding@caerphilly.gov.uk) - [www.gwent Safeguarding.org.uk](http://www.gwent Safeguarding.org.uk)

## Local Authority Contact Numbers

Please check Gwent Safeguarding website for most up to date contact numbers (follow the 'Report a Child at Risk' link displayed on every page) [www.gwent Safeguarding.org.uk](http://www.gwent Safeguarding.org.uk)

A copy of the Multi-Agency Duty to Report Form (previously MARF) is also available to download on the website. National and Regional Protocols and Procedures - Gwent Safeguarding

### **Blaenau Gwent**

Tel: 01495 315700

Email: [DutyTeam@blaenau-gwent.gov.uk](mailto:DutyTeam@blaenau-gwent.gov.uk)

### **Caerphilly**

Tel: 0808 100 1727

Email: [contactandreferral@caerphilly.gov.uk](mailto:contactandreferral@caerphilly.gov.uk)

### **Monmouthshire**

Tel: 01291 635 669

Email: [ChildDuty@monmouthshire.gov.uk](mailto:ChildDuty@monmouthshire.gov.uk)

### **Newport**

Tel: 01633 656656

Email: [children.duty@newport.gov.uk](mailto:children.duty@newport.gov.uk)

### **Torfaen**

Tel: 01495 762200

Email: [socialcarecalltorfaen@torfaen.gov.uk](mailto:socialcarecalltorfaen@torfaen.gov.uk)

**After 5pm and on weekends and bank holidays please contact the South East Wales Emergency Duty Team on 0800 328 4432.**

If you think a child or young person is in immediate danger, then contact the Police on 999

## SPACE WELLBEING

### Panels

<b>S.P.A.C.E.</b>	<b>Blaenau Gwent</b>	Requests for Support should be emailed to: familiesfirstduty@blaenau-gwent.gov.uk  01495 35558   07970 166972
<b>S.P.A.C.E.</b>	<b>Caerphilly</b>	Requests for Support should be emailed to: Contactandreferral@caerphilly.gov.uk  01495 233225   07970166968
<b>S.P.A.C.E.</b>	<b>Monmouthshire</b>	Requests for Support should be emailed to: Earlyhelppanel@monmouthshire.gov.uk  01633 644152   07970166975   01633 642049 01633 642503   01495 745662
<b>S.P.A.C.E.</b>	<b>Newport</b>	Families.1st@newport.gov.uk  01633 235294   07970166977
<b>S.P.A.C.E.</b>	<b>Torfaen</b>	Spacewellbeing@torfaen.gov.uk  01495 766799   07970166978

### Hospital Numbers:

<b>Emergency Unit / A+E/Paediatric Wards</b>	<b>Children's Assessment Unit</b>	GUH	01633 493138
	<b>Paediatric A and E</b>	GUH	01633 493140/493139
	<b>Ysbyty Ystrad Fawr</b>	Ystrad Mynach	01443 802200
	<b>Ysbyty Aneurin Bevan (Ebbw Vale)</b>	Ebbw Vale	01495 363636

**Revised Edition 2022**

**Gwent Safeguarding Partnership**



Gwent Safeguarding commissions regular, free, multi agency training around suicide and self harm for practitioners working with children and young people. The course aims to provide practitioners with the confidence to have difficult conversations and take further measures. Check website for details: [www.gwentsafeguarding.org.uk/en/training/courses](http://www.gwentsafeguarding.org.uk/en/training/courses)

## Report a Concern

### **Blaenau Gwent**

Tel: 01495 315700

Email: [DutyTeam@blaenau-gwent.gov.uk](mailto:DutyTeam@blaenau-gwent.gov.uk)

### **Caerphilly**

Tel: 0808 100 1727

Email: [contactandreferral@caerphilly.gov.uk](mailto:contactandreferral@caerphilly.gov.uk)

### **Monmouthshire**

Tel: 01291 635 669

Email: [ChildDuty@monmouthshire.gov.uk](mailto:ChildDuty@monmouthshire.gov.uk)

### **Newport**

Tel: 01633 656656

Email: [children.duty@newport.gov.uk](mailto:children.duty@newport.gov.uk)

### **Torfaen**

Tel: 01495 762200

Email: [socialcarecalltorfaen@torfaen.gov.uk](mailto:socialcarecalltorfaen@torfaen.gov.uk)

After 5pm **out of hours** and on weekends and bank holidays please contact the South East Wales Emergency Duty Team on 0800 328 4432

**If you think a child or young person is in immediate danger then contact the Police on 999**

**If you are concerned about a child or young person at risk visit the Report a Child at Risk page on our website [www.gwentsafeguarding.org.uk](http://www.gwentsafeguarding.org.uk) . A copy of the regional Duty to Report Form (previously MARF) is available to download there.**

**Website: [www.gwentsafeguarding.org.uk](http://www.gwentsafeguarding.org.uk)**

**Email: [gwentsafeguarding@caerphilly.gov.uk](mailto:gwentsafeguarding@caerphilly.gov.uk)**

**Twitter: <https://twitter.com/GwentBoard>**



**Diogelu Gwent  
Gwent Safeguarding**