Contents

1. Introduction..........................................................................................................................2
2. Principles and Values .........................................................................................................2
3. Definitions.............................................................................................................................3
4. Identifying Risk Factors .....................................................................................................3
   Triggers..................................................................................................................................4
   Warning Signs.......................................................................................................................5
   Levels of risk.........................................................................................................................6
5. Referral Pathway..................................................................................................................7
6. Safety Planning...................................................................................................................8
7. Important things to remember............................................................................................9
8. Young people who do not engage.....................................................................................10
9. Engagement with parents and carers................................................................................10
10. Roles and Responsibilities...............................................................................................11
11. Looking after yourself........................................................................................................13
Appendix A – Information Gathering Conversation..............................................................14
Appendix B: Guidance on sharing information...................................................................16
Appendix C: Useful national organisations/websites .............................................................17
Appendix D: Referral Pathway .............................................................................................18
Appendix E: Safety Planning...............................................................................................19
1. Introduction

This guidance has been produced for everyone who engages directly with children and young people in their day to day work and who may become aware of a young person’s, risk of self-harm, actual self-harm or suicidal thoughts or intentions.

The purpose of this guidance is to:

- Ensure that the wider children’s workforce has an understanding of the process to be followed in Greenwich, where concerns about possible risk of self-harm and/or suicide exist.

- Ensure the wider workforce feels more confident to identify young people at risk, including the risk of self-harm/ suicide, and to share information when action may be required to protect a child or young person.

- Support professionals to feel more confident where they have a role in the implementation of a coordinated multi-agency Safety Plan or Risk Management Plan following identification of self-harm.

- Develop a shared language which supports effective information sharing

- Provide tools for practitioners to support the early identification of risk

- Provide information about the respective roles of the services and referral criteria.

As well as managing self-harm, professionals also deal with other mental health crisis which can be equally difficult to predict but warrant a crisis management plan and active management. This document will focus on self-harm, warning signs, strategies to help de-escalate, resources and how to create a safety plan. This guidance can also be used to support the management of mental health crisis as responses to both are often very similar.

Information on communication and advocacy skills for families is included along with a sample crisis plan with the team around the child. The term child is used throughout the document and refers to both children and adolescents, up to the age of 18 years old.

2. Principles and Values

*Any child or young person, who expresses distressing thoughts or risk to self and others, must be taken seriously and the appropriate help and intervention should be offered without delay.*

- It is acknowledged that young people presenting with issues around harm to self/ others can be extremely challenging for practitioners, family members and the wider network.

- Assessment should be based on the unique experiences and feelings of each young person and not just on the perceptions of adults.
Young people should not be stigmatised or discriminated against when presenting with high expressed emotions and behaviours deemed risky.

It is acknowledged that belief systems can impact on an individual attitude towards mental health crisis.

A coordinated response by agencies is in the interest of the young people at risk.

Confidentiality and consent issues should not be barriers to effective joint working.

Creating a safe and supportive environment should be a key aim.

Conversations about self-harm/ suicide and risk with young people should be held by those who know them best.

Staff supporting young people should be offered appropriate advice and support by their organisation.

3. Definitions

**Mental Health Crisis:** A crisis is any situation in which the child’s behaviours or emotions puts them at risk of hurting themselves or others and/or when the team around the young person can’t resolve the situation with the skills and resources available at that time.

**Self-harm:** is the term used when someone intentionally injures or harms themselves. Forms of harm can be:
- Cutting, burning, biting | substance abuse
- Head banging and hitting | Taking personal risks
- Picking and scratching | Neglecting oneself
- Pulling out hair | Eating disorders
- Over dosing and self-poisoning | attempted strangulation

**Suicidal behaviour:** is any deliberate action that has potentially life threatening consequences, such as taking an overdose. It can also include repeated risk taking which constitutes a risk of death

**Suicidal thoughts:** imply that someone is thinking about taking their own life. This differs from young people who, as part of normal growing up, might explore the meaning of life. Further conversations will usually establish whether someone is thinking about suicide.

**Suicide:** is the act of deliberately ending one’s own life. It is possible to die unintentionally because of a serious episode of self-harm.

4. Identifying Risk Factors

Many things can lead to a young person self-harming and presenting at risk. It is important to note that a risk assessment is only valid at the point that it is completed and needs to be updated *each time* there is a change in circumstances. We should also obtain as much information as possible from the young person but where possible information should also be taken from family, carers, peers and other professionals.
When identifying risk factors it is important to note that they will help to create an understanding of the young person’s current difficulties and how best to respond. The risk factors to consider include:

<table>
<thead>
<tr>
<th>Triggers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home or environmental</strong></td>
</tr>
<tr>
<td>➢ Changes to family structure – parents separate, divorce or new partners</td>
</tr>
<tr>
<td>➢ Loss or bereavement</td>
</tr>
<tr>
<td>➢ Transitions between parent/carer homes</td>
</tr>
<tr>
<td>➢ Strained relationships with step-siblings or step-parents</td>
</tr>
<tr>
<td>➢ Changes in friendships, boyfriend, girlfriend, partners</td>
</tr>
<tr>
<td>➢ Fights or arguments with siblings or friends</td>
</tr>
<tr>
<td>➢ Conflict or arguments with parents/carers</td>
</tr>
<tr>
<td>➢ Family poverty</td>
</tr>
<tr>
<td>➢ History of abuse (emotional/ sexual or physical)</td>
</tr>
<tr>
<td>➢ Unstable placement (Looked after Child) or several placement changes</td>
</tr>
<tr>
<td>➢ Mental illness within the family</td>
</tr>
<tr>
<td>➢ Safeguarding concerns</td>
</tr>
<tr>
<td><strong>School</strong></td>
</tr>
<tr>
<td>➢ Worrying about tests and grades</td>
</tr>
<tr>
<td>➢ Overwhelmed by homework or projects</td>
</tr>
<tr>
<td>➢ Feeling singled out by peers or feelings of loneliness</td>
</tr>
<tr>
<td>➢ Pressures at school, transitions between classes and school activities</td>
</tr>
<tr>
<td>➢ Bullying at school</td>
</tr>
<tr>
<td>➢ Pressure from peers</td>
</tr>
<tr>
<td>➢ Suspensions, detentions or other discipline</td>
</tr>
<tr>
<td>➢ Use of seclusion or restraints</td>
</tr>
<tr>
<td>➢ Young person feeling misunderstood by teachers/ education staff</td>
</tr>
<tr>
<td>➢ Children’s perception that they are being culturally disrespected and they are being discounted</td>
</tr>
<tr>
<td>➢ Perceived or real discrimination</td>
</tr>
<tr>
<td><strong>Other</strong></td>
</tr>
<tr>
<td>➢ Use of drugs or alcohol</td>
</tr>
<tr>
<td>➢ Previous self-harm/ suicidal thoughts or attempts</td>
</tr>
<tr>
<td>➢ Evidence of mental health problems (psychosis, eating disorder, depression)</td>
</tr>
<tr>
<td>➢ Pending court dates</td>
</tr>
<tr>
<td>➢ Social media pressures (including cyber bullying)</td>
</tr>
<tr>
<td>➢ Issues around sexual orientation</td>
</tr>
<tr>
<td>➢ Radicalisation</td>
</tr>
<tr>
<td>➢ Safeguarding concerns</td>
</tr>
<tr>
<td>➢ Vulnerable groups</td>
</tr>
</tbody>
</table>
Warning Signs

Physical/verbal warning signs
Sometimes professionals can observe changes in a child’s behaviour that may indicate they are harming themselves; while other times it can be sudden and without warning.

Here are some warning signs:

Inability to cope with daily tasks
- Doesn’t bathe, brush teeth, comb or brush hair
- Refuses to eat or eats too much
- Sleeps all day, refuses to get out of bed
- Doesn’t sleep or sleeps for very short periods of time

Rapid mood swings
- Increase in energy
- Inability to stay still, pacing
- Suddenly depressed, withdrawn
- Suddenly happy or calm after period of depression

Increased agitation
- Makes verbal threats
- Violent, out-of-control behaviour
- Destroys property
- Cruel to animals
- Culturally inappropriate language or behaviour

Displays abusive behaviour
- Hurts others
- Cutting, burning or other self-injurious behaviours
- Uses or abuses alcohol or drugs

Loses touch with reality
- Unable to recognise family or friends
- Is confused, has strange ideas
- Thinks they are someone they are not
- Does not understand what people are saying
- Hears voices
- Sees things that are not there

Isolation from school, family, friends
- No or little interest in extracurricular activities
- Changes in friendships
- Stops attending school, stops doing homework

Unexplained physical symptoms
- Facial expressions look different
- Increase in headaches, stomach aches
- Complains they don’t feel well
### Levels of risk

Levels of risk can be categorised into the following:

| Low Risk                      | Fleeting thoughts with no plans  
|                               | No active plans of how to injure self/ others  
|                               | No self-harming behaviour  
|                               | No changes in behaviour  
|                               | Able to think about plans into the future (days/weeks/months)  
|                               | Situation painful but bearable and has a context (e.g. stress related to exams)  

| Medium Risk                   | Frequent suicidal thought- some fleeting  
|                               | No clear plan or immediate intent  
|                               | Current self-harm/ history of harm and thoughts of harm  
|                               | Previous suicide attempts  
|                               | Drug/ alcohol use- increased  
|                               | Known mental health issues- services involved  
|                               | Safeguarding concerns which prevent safety planning  

| High Risk                     | Previous suicide attempts  
|                               | Increasing self-harm- frequency and where/ how  
|                               | Current mental health diagnosis and service involvement  
|                               | Clear plans for how to harm self (place/ time/ date etc.)  

5. Referral Pathway

This will always start with an information gathering conversation. This will determine the level of urgency and most appropriate pathway to meet the child/young person’s needs.

Gather information (See appendix 1)

What category of risk is it?

Low Risk
- Ensure ongoing support for young person, parent/carer and professionals
- Consider social network
- Monitor and re-assess if concerns persist
- Complete Safety Plan
- Step up to referral to CAMHS if risk of suicide rises

Medium/High Risk - Urgent medical attention is required:

Child should always go immediately to A&E if:
- Injury could be life-threatening or is serious and needs medical attention
- Self-poisoning (e.g. overdose) or use of a ligature (e.g. cord) is witnessed, suspected or disclosed.
- Child is suicidal, has made clear suicidal plans or has attempted to take their own life

Child’s parent/carer should be informed prior to attending A&E. If the parent/carer cannot be contacted, professional should take child to A&E or call an ambulance.

Medium/High Risk - No urgent medical attention needed
- Consult with/refer to CAMHS
- Inform GP, Children’s Services (if known), parents/carers (with agreement), MASH (if no cooperation)
- Consider social network around the young person
- Consider writing safety plan

If in doubt call CAMHS Duty – 0203 260 5211

If in doubt speak to your managers/seniors and contact CAMHS for advice on what is the best pathway to follow.
6. Safety Planning

Children can experience harm even when their families have utilised the best resources offered by mental health professionals, the local school system, advocacy agencies and social service organisations. A safety plan is a written plan designed to address behaviours and help prepare for a crisis. Preparing for a crisis is an individualised process. However, there are some common elements that can be found in a good safety plan.

<table>
<thead>
<tr>
<th>Young Person’s Safety Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ______________________  Date: ________________</td>
</tr>
<tr>
<td>Agreed with: ____________________</td>
</tr>
</tbody>
</table>

**The first signs that you are starting to struggle are:**

**Things that you can do to help:**

**Things that other people can do:**

If that doesn’t help, the signs for you that things are getting worse are:

**Things that you can do to help:**

**Things that other people can do:**

If that doesn’t help improve how you are feeling, the signs are:

**What we have agreed you will do:**

**What other people can do:**
7. Important things to remember

<table>
<thead>
<tr>
<th>Do's</th>
<th>Don't</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Take suicide and self-harm gestures seriously</td>
<td>➢ Promise confidentiality</td>
</tr>
<tr>
<td>➢ Listen, be non-judgmental and think about what you say</td>
<td>➢ Make assumptions or react without considering all of the risks</td>
</tr>
<tr>
<td>➢ Ask direct questions early on to establish the level of risk</td>
<td>➢ Dismiss what the young person is saying</td>
</tr>
<tr>
<td>➢ Ask about other problems such as bullying, substance misuse,</td>
<td>➢ Presume that a young person who has threatened to harm themselves in the past will not do so in the future</td>
</tr>
<tr>
<td>bereavement, relationship difficulties, abuse, sexuality issues</td>
<td>➢ Disempower the young person</td>
</tr>
<tr>
<td>➢ Check how and when parents/carers will be contacted</td>
<td>➢ Dismiss self-harm or expression of suicide thoughts as attention seeking</td>
</tr>
<tr>
<td>➢ Encourage contact with friends, family, trusted adults</td>
<td></td>
</tr>
<tr>
<td>➢ Ensure immediate support for the young person is in place and that</td>
<td></td>
</tr>
<tr>
<td>medical attention is provided if necessary</td>
<td></td>
</tr>
<tr>
<td>➢ Consult with specialist services for advice</td>
<td></td>
</tr>
<tr>
<td>➢ Make sure you record your assessment, concerns and actions in line</td>
<td></td>
</tr>
<tr>
<td>with your agency’s procedures</td>
<td></td>
</tr>
<tr>
<td>➢ Make appropriate referrals</td>
<td></td>
</tr>
<tr>
<td>➢ Engage with processes for developing Risk Management and Safety</td>
<td></td>
</tr>
<tr>
<td>Plans</td>
<td></td>
</tr>
<tr>
<td>➢ Ensure actions to be taken by your agency to manage risk are</td>
<td></td>
</tr>
<tr>
<td>implemented</td>
<td></td>
</tr>
<tr>
<td>➢ Consider protective factors and provide ongoing opportunities for</td>
<td></td>
</tr>
<tr>
<td>support and monitoring</td>
<td></td>
</tr>
<tr>
<td>➢ Respond to escalating concerns about</td>
<td></td>
</tr>
</tbody>
</table>
8. Young people who do not engage

If a child or young person is at risk of significant harm (S47 Children Act 1989) you have a duty to share concerns and information relevant to the risk. Some young people do not wish to engage with specialist services but may choose to engage with other professionals. If a young person is at high risk of suicide and does not wish to engage with CAMHS:

- Seek guidance from your line manager and/or safeguarding lead
- Consider contacting the young person’s parents/carers (unless child protection concerns prevent this), with agreement from the young person
- Consult with CAMHS about what action to take next. CAMHS may offer to remain in contact with any such professionals to help them to work with the young person and their family.

Consult with MASH (Children’s Services) about what action to take next if young person who is at high risk of suicide will not engage with any professional.

If you find yourself in this position you must share information and seek support and guidance from specialist agencies (as well as your line manager/safeguarding lead).

9. Engagement with parents and carers

Consider with the young person, how and when parents/carers can be contacted. When parents/carers are informed they can become part of the assessment, safety planning and risk management. Informing parents/carers can be very stressful for the young person. Some young people may be relieved that someone else liaises with their parents/carers and engages with them to be supportive.

Parents/Carers may need some additional advice on how to best support their child. Please see Appendix 3 for agencies that may be able to help, and for national organisations/websites.

- If the young person does not wish their parents/carers to be informed then workers should explore the reasons for this so that concerns of the young person may be able to be addressed. The worker should seek the support of their manager/supervisor. A consultation with MASH about whether parents should be informed as part of safeguarding the young person may be helpful.
- If the young person has disclosed that their self-harm or suicidal thoughts/intentions are a response to alleged abuse by their parents/carers then workers should consult...
their line manager/safeguarding lead and follow their organisation’s procedures for reporting child protection concerns without delay

- Consult with MASH (Children’s Services) about what action to take next if parents of the young person who is at high risk of suicide will not engage with any professional

10. Roles and Responsibilities

All professionals working with children and young people are likely to come across those who are engaging in self-harm behaviours or have suicidal thoughts/ intentions. We all play an important role in supporting children to stay safe and get the right help at the right time. All professionals have a duty to make appropriate referrals and to support safety and risk planning with vulnerable young people who harm themselves.

Some of the key services and professional groups would be:

- **Children’s Social Care**

  Not all children who harm themselves require a referral to social care. A referral should always be made where there are concerns of abuse or neglect or where the professionals believe that the child’s risks are increased due to lack of parent/ carer engagement.

  If in doubt contact Greenwich MASH on 0208 921 3172

- **Child and Adolescent Mental Health Services (CAMHS)**

  All children who present with moderate to high risk (as noted above) who express suicidal thought or intentions may require a service from CAMHS. All referrals can be made via the SPA

  Single Point of Access
  Memorial Hospital
  London SE18 3RG
  Tel: 0208 836 8621 - Option 2

  Anyone who is unsure about where to direct the young person or whether to make a referral can contact Greenwich CAMHS for advice and guidance on 0203 260 5211 and ask for the duty worker.

- **General Practitioner (GP)**

  GP’s are trained to make an initial assessment of the risk of harm and suicide of a child and then take the necessary steps to support the child. GP’s can review any medical needs and direct as appropriate. GP’s will direct children to A+E where medical treatment is required. Referrals to CAMHS do not need to be made via the GP.

- **School Nursing Service**
Greenwich school nurses provide services to all statutory school age children. School nurses often see young people in schools for one to one sessions and for clinics. School nurses should be notified of any A+E attendance of a child via the local A+E department. They work in collaboration with CAMHS and have access to the same clinical recording systems. School nurses will do welfare checks regularly with young people in schools where required.

➢ Schools

All Greenwich schools have access to CAMHS, Educational Psychology and School Nursing services. Often young people will share risks with school staff and it is important that schools work in collaboration with all agencies in managing the child’s risks.

➢ Accident and Emergency

Local Accident and Emergency Departments will treat young people who have caused harm to themselves which warrants medical treatment (e.g overdose/ cutting/ burning). When young people attend A&E they will have a triage assessment and medical treatment. This will be followed by a mental health risk assessment and safety plan conducted by CAMHS and other health professionals. Generally it is not recommended that young people are taken to A+E when they have thoughts of harm, which have not been acted upon or do not require medical treatment. It is advisable to contact CAMHS to consider where is most appropriate for them to have a risk assessment.

➢ The Point

The Point is a welcoming, young person friendly environment where a range of services are available for young people to access including information, advice, guidance and support services including education, careers advice, training, drug and alcohol, housing support and sexual health services for young people aged 16 to 19. Young people are able to drop in from 9 am – 7 pm Monday to Wednesday, 9a.m – 5pm Thursday and Friday and at other times by arrangement. 47, Woolwich New Road, Woolwich SE18 6EW 020 8921 8224.

➢ Voluntary Services

There are a number of local agencies in Greenwich who can support young people and parents with managing self-harm, behaviour concerns and emotional distress. These services can be found on www.royalgreenwich.gov.uk/fis/symptomschecker (tbc)
11. Looking after yourself

When you are supporting young people with suicidal thoughts/feelings, it can be challenging and create a range of feelings in ourselves, such as anxiety, fear, confusion, sadness, frustration, hopelessness and powerlessness. You need to think about ways of looking after yourself when supporting young people in situations such as these.

Be sure you look after yourself by sharing your load with your manager/senior lead and ask for support when you need it. Use supervision and don’t be afraid of sharing your worries.

These ‘Five ways to well-being’ may also be helpful to consider.

<table>
<thead>
<tr>
<th>Connect</th>
</tr>
</thead>
<tbody>
<tr>
<td>With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Be active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Take notice…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Keep learning…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Give…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you. (The New Economics Foundation, 2008)</td>
</tr>
</tbody>
</table>

More information is also available at Thrive LDN (http://thriveldn.co.uk) and Live Well Greenwich (http://livewellgreenwich.org.uk/) to support your own emotional health and wellbeing.
Appendix A – Information Gathering Conversation

If a young person's presentation/behaviour causes concern that they may have suicidal thoughts or intent, have an Information Gathering Conversation. Feel free to adapt the questions appropriate to the young person’s needs, and ask other relevant questions.

Information Gathering Conversation

Tell me; is something troubling you (home, family, school, and friends)? Or: I am aware that you have talked about xxx, tell me a bit more… How is this making you feel?

How often have you had these thoughts?

Are other people also worried about you? Who, why?

Have you ever felt like hurting yourself? Have you ever hurt yourself?

Have you ever felt like ending your life?

If the answer is no to the questions above, then you will not need to go on with the suicide specific questions, but you may wish to continue with further questions (see below), in particular if the young person is self-harming. The general questions at the end are likely to be appropriate for everyone.

Suicide specific questions

How often do you think about suicide? How long have you been having suicidal thoughts?

When did you last think about suicide? Are you currently thinking of ending your life?

What makes you think of suicide (e.g. worries, fears, loss)? Have you ever made a suicide attempt?

What stops you acting on these thoughts?

Have you thought about how you would kill yourself/Do you have a plan? Do you have ways of taking your own life? (tablets, weapons, other?)

Is anyone aware that you think about suicide (family, friends, professionals)?

What helps to stop you thinking about taking your own life?

Further questions:

Are you experiencing harm from others (bullying, threats, abuse)?
<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you use drugs or alcohol? Does this make you feel better or worse?</td>
</tr>
<tr>
<td>What helps to stop you thinking about harming yourself?</td>
</tr>
<tr>
<td>What helps to stop your self-harming behaviour from getting worse?</td>
</tr>
</tbody>
</table>

**General questions:**

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you getting support with your feelings (from family, friends or professionals)?</td>
</tr>
<tr>
<td>How are you feeling generally at the moment (mood, health, social life)?</td>
</tr>
<tr>
<td>What do you think needs to happen to improve the situation and make you feel better? (Do a safety plan – see section 5 – if appropriate). <strong>Agree what will happen next.</strong></td>
</tr>
</tbody>
</table>
Appendix B: Guidance on sharing information

The purpose of sharing information is to ensure young people who are at risk from suicidal thoughts and behaviour receive help and support appropriate to their level of need.
Seven Golden Rules to sharing information (Information Sharing: HM, March 2015)

- Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

- Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

- Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

- Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

- Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).

- Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

- The most important consideration is whether sharing information is likely to safeguard and protect a child. If at any stage you are unsure about how or when to share information, you should seek advice and ensure that the outcome of the discussion is recorded. If there are concerns that a child is suffering or likely to suffer harm, then follow the relevant procedures without delay.
Appendix C: Useful organisations/websites

**Charlie Waller Trust**
01635 869754
The Trust was set up in 1997 in memory of Charlie Waller, a young man who took his own life whilst suffering from depression. Shortly after his death, his family founded the Trust in order to educate young people on the importance of staying mentally well and how to do so.

**Childline**
0800 1111
[www.childline.org.uk](http://www.childline.org.uk),

**Mindinfoline**
0845 766 0163

**NHS Direct**
111
[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

**Greenwich Safeguarding Children Board**

**Papyrus**
0800 684141
[www.papyrus-uk.org](http://www.papyrus-uk.org)
Confidential support and advice for prevention of young suicides
Mon – Fri 10-5pm and 7-10pm

**Royal College of Psychiatrists**
[http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/feelingoverwhelmed.aspx](http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/feelingoverwhelmed.aspx)

**SelfharmUK** is a project dedicated to supporting young people impacted by self-harm, providing a safe space to talk, ask any questions and be honest about what's going on in your life. It also has an online course that gives you an opportunity to think more about self-harm and work out what your next step might be:
[www.selfharm.co.uk](http://www.selfharm.co.uk)

**Young Minds**
0800 018 2138
[www.youngminds.org.uk](http://www.youngminds.org.uk)
Parent information service for anyone concerned about a child’s mental health.

**Oxleas Greenwich Headscape**
[www.headscapegreenwich.co.uk](http://www.headscapegreenwich.co.uk)
Self-referral and self-help material for children and young people experiencing emotional health and wellbeing concerns.
Appendix D: Referral Pathway

Gather information (See appendix 1)

What category of risk is it?

If in doubt call CAMHS Duty – 0203 260 5211

Low Risk
- Ensure ongoing support for young person, parent/carer and professionals
- Consider social network
- Monitor and re-assess if concerns persist
- Complete Safety Plan
- Step up to referral to CAMHS if risk of suicide rises

Medium/High Risk - Urgent medical attention is required:

**Child should always go immediately to A&E if:**
- Injury could be life-threatening or is serious and needs medical attention
- Self-poisoning (e.g. overdose) or use of a ligature (e.g. cord) is witnessed, suspected or disclosed.
- Child is suicidal, has made clear suicidal plans or has attempted to take their own life

Child’s parent/carer should be informed prior to attending A&E. If the parent/carer cannot be contacted, professional should take child to A&E or call an ambulance.

Medium/High Risk - No urgent medical attention needed
- Consult with/refer to CAMHS
- Inform GP, Children’s Services (if known), parents/carers (with agreement), MASH (if no cooperation)
- Consider social network around the young person
- Consider writing safety plan
# Appendix E: Safety Planning

## Young Person's Safety Plan

<table>
<thead>
<tr>
<th>Name __________________________</th>
<th>Date: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed with:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**The first signs that you are starting to struggle are:**

**Things that you can do to help:**

**Things that other people can do:**

**If that doesn't help, the signs for you that things are getting worse are:**

**Things that you can do to help:**

**Things that other people can do:**

**If that doesn't help improve how you are feeling, the signs are:**

**What we have agreed you will do:**

**What other people can do:**

**With your consent, this Safety Plan has been shared with:**

---

19 | Page