Government of South Australia
Department for Child Protection

Residential Care: Supporting children and young people who are at risk of self-harm and suicide Procedure

1. Purpose

This procedure instructs Department for Child Protection (DCP) Residential Care staff and agency staff working within DCP Residential Care how to support and provide appropriate responses for children and young people who are at risk of self-harm and suicide.

2. Scope

This procedure applies to all DCP staff working in DCP Residential Care. Throughout this document, the term 'residential care staff' is inclusive of DCP residential care staff and agency staff contracted by the department to work in DCP Residential Care houses.

3. Authority

3.1 Legislative context

- *Children and Young People (Safety) Act 2017*
- *Children and Young People (Safety) Regulations 2017*
- *Coroners Act 2003*
- *Criminal Law Consolidation Act 1935*

3.2 Whole of Government requirements

- The Charter of rights for children and young people in care

3.3 DCP requirements

- South Australia's strategy for children and young people in care

4. Procedure requirements

WARNING: This document contains sensitive content that may cause distress for some readers. If the material presented raises any concerns, staff should speak to their supervisor. DCP staff can access the Employee Assistance Counselling and agency staff can contact their agency for further guidance and support.

Many children and young people who come into residential care have experienced significant trauma in their lives and are often highly vulnerable. For Aboriginal and Torres Strait Islander children and young people entering residential care, trauma additionally needs to be considered in the context of the ongoing impacts of colonisation on Aboriginal and Torres Strait Islander peoples and their disconnection from culture. Often these children and young people will have multiple and complex needs and significant behavioural and

emotional difficulties, which can lead to acting in ways that place them in situations of high risk. Children and young people placed in residential care can be particularly vulnerable and at higher risk of self-harm and suicide. Other factors that can increase the level of risk include, but are not limited to;

- belonging to minority identity groups such as LGBTQI+
- living with a disability
- identifying as Aboriginal or Torres Strait Islander peoples
- a family or self-history of depression, mental illness or self-harm.

The safety of children and young people is the paramount consideration when supporting children and young people at risk of self-harm and suicide. It is recommended that all residential care staff familiarise themselves with the following guidance: Supporting children and young people in care with high risk and complex behaviours Practice Paper, Death of a child or young person in care Procedure and the Care teams, case plans, identify support tools and annual reviews section in the Support children and young people in care key step of the residential care chapter in the Manual of Practice.

The Residential care quick guide for self-harm and suicidal behaviour provides critical immediate guidance for residential care staff who are supporting children at risk of self-harm and suicide.

If at any time DCP staff suspect that a child or young person is at risk they must refer to the Reporting a suspicion a child or young person is at risk procedure. In accordance with section 64A of the *Criminal Law Consolidation Act 1935*, it is an offence for a DCP employee (including students, volunteers and service providers who carry out work for DCP under a contract for services) not to report to SAPOL if they know or suspect sexual harm of a child or young person under the age of 18 years perpetrated by another DCP employee. Failure to report to SAPOL suspected child sexual abuse in accordance with section 64A has a maximum penalty of imprisonment for three years. In accordance with section 65 of the *Criminal Law Consolidation Act 1935*, it is also an offence for a DCP employee to negligently fail to reduce or remove a substantial risk of sexual harm of the child or young person allegedly perpetrated by a current DCP employee and has a maximum penalty of imprisonment for 15 years. Consideration should also be given to whether the situation needs to be managed in accordance with the Residential Care: Incident Management Procedure or Significant Incident Reporting Procedure.

4.1 Information about self-harming behaviours

Self-harm refers to a person intentionally causing pain or damage to their bodies. It usually occurs in secret and on places of the body that may not be seen by others. The most common type of self-harm is cutting, but there are other types of self-harm including but not limited to: burning, scratching, ingesting, pulling out hair and eyelashes, hitting or punching the body, picking skin or sores.

Most self-harm is in response to intense emotional pain, distress or overwhelming negative feelings, thoughts or memories. Some people find the physical pain of self-harm helps provide temporary relief from emotional pain. A child or young person who feels hopeless about their future and is lacking a sense of control over their life may also gain a degree of control by inflicting pain on themselves (i.e. they control the severity, timing, etc).

Children and young people generally do not engage in self-harm with intent to end their life but self-harming behaviours can lead to an increased risk of death. All self-injurious behaviour should be responded to regardless of the severity of the injuries or the intent.

Residential care staff must respond to any immediate medical needs as the first priority (see section 4.7 Responding to a self-harming incident). However, responding to underlying needs is also important. Without

doing so, self-injurious behaviour is likely to be repeated. For some children and young people, self-harm can become a functional (maladaptive) strategy for having their needs met.

It is important to support children or young people who are self-harming to engage with their referred health professional to address any underlying emotional issues and to finding alternative, more appropriate methods to communicate and have their needs met.

Individual responses and plans should be developed with the care team, including the DCP case worker and mental health professionals.

For further information, including signs indicating self-harm and tips on supporting someone who is self-harming, refer to Iceberg Model Fact Sheet #8 Self-harm or Beyond Blue self- harm and self-injury facts or Headspace- sorting fact from fiction on self-harm.

The Self-harm and suicide supports and resources section in this procedure provides contact details and information about a range of mental health services available for support and guidance.

4.2 Information about suicidal behaviour

Suicidal behaviour occurs when someone expresses their desire or intent to end their life or takes a deliberate action that is likely to result in their own death or serious injury. Children and young people may engage in suicidal behaviour because they are feeling worthless, depressed, disempowered or overwhelmed. In such situations, children and young people often lack hope or certainty regarding their future. They may not actually have the wish or intent to die, but feel that there is ‘no other way out’.

Examples of suicidal behaviour:

Suicidal ideation: making statements, expressing in conversation or writing or other means the wish or intent to die.

Suicide plans and preparatory acts: anything beyond a verbalisation or thought, such as assembling a specific method (for example accessing pills or rope) or preparing for one’s death by suicide (for example writing a suicide note, giving things away).

Suicide attempt: including cutting to cause severe bleeding, hanging or strangulation, deliberate overdosing or ingesting harmful substances or any other deliberate action that is likely to result in death or grievous injury to self (for example jumping from height, deliberate car crash).

Suicide: death caused by self-injurious behaviour with or without intent to die because of the behaviour.

4.3 Risk management

Children and young people in residential care may be at higher risk of self-harm and suicide due to their experience of trauma and/or other factors such as disability, belonging to minority identity groups such as LGBTQI+ or identifying as Aboriginal or Torres Strait Islander. It is important for the care team to be mindful of the emotional state and wellbeing of children and young people in residential care and the additional factors that add layers of complexity to the risk of suicide or self-harm.

Understanding the child or young person’s family and cultural history, trauma history, present plans, current ideation, and available support networks are important when supporting a child or young person at risk of self-harm and suicide and will help in identifying the child or young person’s individual needs, Warning signs,

risk factors and protective factors. Understanding and identifying these can help to determine the appropriate care, intervention and support needed to help keep the child or young person safe and to build coping strategies for them.

Regular care team meetings should be organised by the residential care supervisor or senior child and youth worker to discuss and identify support systems and strategies. The child or young person's DCP case worker and relevant residential care staff members, including the key worker should be included in care team meetings. The child or young person's therapist should also be included in this process. In cases where a therapist is not involved, consideration should be given to placing a referral to a service such as CAMHS. A referral can be organised by the child or young person's DCP case worker.

All information from the care team meeting that is critical in supporting the child or young person should be made available to all staff involved in caring for the child or young person.

Risk management is the responsibility of the entire care team. Residential care staff members supporting a child or young person who is at risk of self-harm and suicide should discuss any concerns with the senior child and youth worker, supervisor or after hours support for further guidance as needed.

The Residential care quick guide for self-harm and suicidal behaviour provides critical immediate guidance for residential care staff who are supporting children at risk of self-harm and suicide and the supports and resources section in this procedure provides contact details and information about a range of mental health services available for support.

4.4 Warning signs, risk factors and protective factors

Warning signs are the noticeable changes in behaviour and mood that may be indicators of a child or young person thinking about or planning to engage in self-harm or suicidal behaviour. Warning signs are not always obvious, and will be different for each child or young person. For example, evidence given to the Western Australian inquiry into Aboriginal youth suicide in remote areas suggests that depression is much less likely to be a factor in the suicide of Aboriginal people compared to non-Aboriginal people.

It is common for some of these warning signs to be present during stressful events. It is important that residential care staff build awareness of children and young people's individual warning signs to enable early identification of someone who may be at risk.

The following table provides examples of warning signs (in no particular order).

Warning signs		
Severe anxiety/agitation, hopelessness Sudden change in dress/personal appearance Making statements like "Nobody cares about me", "I'm worthless", "I have nothing", "I wish I were dead", "There is no way out"	Sudden and unexplained change in mood particularly going from sad, withdrawn and depressed to happy and elated Talking about how they want or plan to die Communicating about death and suicide (for example talking about dying, drawings or paintings of death, dying or suicide)	Giving away valuables or favourite possessions Accessing the means to end their life (for example rope, medication) Homicidal ideation Writing letters of closure Increase in extreme risk taking behaviour

Withdrawal from friends and cultural or social activities	Increase in alcohol and drug use	Not sleeping or sleeping all the time

Risk factors indicate a heightened risk for self-harm and suicide. Risk factors can be things that change (such as substance abuse) or things that cannot change (a family history of suicide). Experiencing risk factors does not necessarily mean a person has had or will have self-harm or suicidal thoughts but knowing whether a child or young person has risk factors can help identify vulnerabilities.

Risk factors can be complex and interrelated. For example, factors that may contribute to an increased risk of suicide and self-harm for Aboriginal and Torres Strait Islander children and young people, include the historical and ongoing effects of colonisation such as loss of culture, identity and language, displacement, social exclusion, racism, discrimination, isolation, family violence, alcohol abuse and poor health.

The following table provides examples of risk factors (in no particular order).

Risk factors		
History of or family history of depression or mental ill-health History of trauma or abuse Relationship breakdowns including feeling rejected by family, friends or past caregivers Disconnection from culture Additionally for Aboriginal and Torres Strait Islander children and young people, transgenerational trauma (loss of cultural identity, dispossession of land, social exclusion and racism)	Recent loss, grief or trauma Sense of hopelessness, isolation or disconnection Exposure to sensational media reporting about suicide deaths. Impaired problem solving skills or impulsivity (can be as a result of Foetal Alcohol Spectrum Disorders) Identifying as LGBTQI+ Being a victim of racism or bullying Exposure to suicidal behaviour of others Bereavement	Prior suicide attempt(s) – the major risk factor for suicide. Risk is highest during the initial week post attempt, and continues to remain high during the following year post attempt Self-harm or recent change in pattern of self-harm Access to lethal means Alcohol and/or other drug misuse Time in youth detention

Protective factors are characteristics that may reduce the risk of a child or young person engaging in self-harm or suicidal behaviours. Protective factors can buffer individuals from suicidal thoughts and/or behaviours. Supportive relationships and community connectedness can help protect individuals against suicide, despite the presence of risk factors in their lives.

For Aboriginal and Torres Strait Islander children and young people, culture is a key protective factor and must be at the forefront in all strategies, programs and services engaged to support Aboriginal and Torres Strait Islander children and young people at risk of suicide or self-harm. Restoring cultural connections and a sense of identity has been consistently identified as a key protective factor.

The following table provides examples of protective factors (in no particular order).

Examples of protective factors (reduced risk)		
Has at least one or two ongoing and well-established strong friendships or relationships outside of residential care Positive family connection Has good supports and well-established relationships within residential care environment and with DCP case worker Demonstrated resilience and positive coping strategies	Has a strong and positive sense of faith or is religious Participates and engages in safety planning and support services Values and speaks positively of life and self Has positive engagement and connection in the community Attends and appears happy and engaged at school/work	Asks for help when needed Has a strong sense of cultural identity and cultural pride Access to culturally appropriate and culturally safe staff and services Cultural involvement and participation Has access to and positive connections within cultural communities including kin, Elders, Aboriginal carers

4.5 Responding to warning signs

If a child or young person is displaying warning signs, talking about self-harm or suicide or if a staff member has genuine concerns that a child or young person is thinking about self-harm or suicide, it is recommended that residential care staff ask the child or young person the below key questions:

- Have you had any thoughts about killing yourself?
- Do you know how you would kill yourself?
- How are you planning to kill yourself?

Asking a child or young person about suicide will not increase the risk or put the idea into their head. Asking about suicide is an effective approach to manage or address the risk and offer hope, relief or intervention to someone who may be contemplating suicide.

If there is an immediate safety concern, the residential care staff member supporting the child or young person should stay with them or arrange for supervision. Contact 000 for emergency assistance and remove access to lethal means wherever possible.

The Residential care quick guide for self-harm and suicidal behaviour provides critical guidance for residential care staff who are supporting children at risk of self-harm and suicide.

For further advice and support contact the supervisor, senior youth worker or after hours support. SA Health's Mental Health Triage Service-13 14 65 can also provide advice and information in a mental health emergency or crisis situation.

For young people 16 years and over, who are experiencing a mental health crisis and who are willing to attend the Urgent Mental Health Care centre (UMHCC), staff should follow the UMHCC flow chart which offers an alternative to presenting to hospital for a mental health crisis. Staff can also contact UMHCC directly by telephone on 8448 9100.

4.6 Safety planning for children and young people

Safety plans have proven to be an extremely useful suicide prevention tool. They can give a child or young person a sense of control in times when they feel everything is out of control. However, a safety plan is NOT a safety contract and is not a guarantee that a child or young person will not self-harm or engage in suicidal behaviour. Safety planning must take into consideration risk and protective factors and the willingness of the child or young person to use the safety plan.

A My safety action plan is a support tool for the child or young person. The purpose of this plan is to reinforce the importance of remaining safe and provide the child or young person with their own strategies that can help to keep them safe. The plan can avert risk, support and encourage the child or young person to manage their self-harm and suicidal feelings, seek support when needed and prompt a sense of hope when they are feeling overwhelmed or in crisis.

Each child or young person at risk of self-harm and suicide should be supported by their care team to create a My safety action plan. Ideally, the child or young person's key worker and DCP case worker, together, should support the child or young person in creating their My safety action plan.

Staff member/s supporting the child or young person to create their My safety action plan should have a genuine, supportive relationship with the child or young person. Relationship based practice is critical in supporting children and young people to feel safe and supported in residential care. Refer to Relationship and strengths based practice section in the Create a safe and nurturing home in residential care key step in the residential care chapter of the Manual of Practice for further information.

A My safety action plan should be created when the child or young person is not in crisis. The My safety action plan can and should be reviewed and updated with the child or young person as needed (such as when strategies are not working or new strategies have been identified).

The My safety action plan should be utilised in conjunction with the child and young person's Wellbeing plan and any other safety plans provided by their therapist or care team.

The completed My safety action plan should be kept with the child or young person in a safe place that they can access at any time. A copy should be kept in the office and be available to the care team to help guide residential care staff when supporting the child or young person in crisis. It is also recommended that a copy be uploaded to C3MS under 'Notes and documents'. Ensure that the child or young person has given their permission to share the plan with the care team.

The My safety action plan template includes a fact page for children and young people which can support them to feel confident in creating their own My safety action plan.

All children and young people in residential care should have a Wellbeing plan. For children and young people who are at risk of self-harm and suicide, clear strategies should be developed and updated in their Wellbeing plan for residential care staff to follow. For further information, refer to the Wellbeing plan section in the Support children and young people in residential care key step in the DCP Residential Care chapter of the Manual of Practice.

The My safety action plan and Wellbeing plan provide guidance to residential care staff who are supporting a child or young person who is at risk of self-harm and suicide. Where there is no guidance from a My safety action plan or Wellbeing plan, residential care staff supporting the child or young person should seek guidance from the senior child and youth worker, supervisor or after hours support.

The Self-harm and suicide supports and resources section in this procedure provides contact details and information about a range of mental health services available for support and guidance.

4.6.1 Additional considerations for Aboriginal and Torres Strait Islander children and young people

Aboriginal and Torres Strait Islander children and young people are over-represented in the child protection system and are at higher risk of self-harm and suicide. It is critical to understand that some of the risk factors contributing to self-harm and suicide may be similar to those shared by non-Aboriginal people but there are additional factors and circumstances that affect Aboriginal and Torres Strait Islander children and young people.
Aboriginal suicide is different to non-Aboriginal suicide and supporting Aboriginal and Torres Strait Islander children and young people at risk of self-harm and suicide requires a holistic response (social, emotional, cultural) to multiple and interrelated risk factors. Engaging with a registered Ngangkari (Aboriginal traditional healer) together with the child or young person's DCP case worker, psychologist and Principal Aboriginal Consultant (PAC) for cultural and spiritual support is strongly encouraged. This is particularly important when working with children and young people from remote communities for whom English may be a second or third language. In these instances, registered interpreter and translation services may also be required to support Aboriginal families understanding of mainstream processes.

Consultation with a PAC is a priority when supporting Aboriginal and Torres Strait Islander children and young people who are at risk of self-harm and suicide.

SA Health has a range of Aboriginal-specific services including community health services. Refer to Aboriginal Health Services for further information.

4.6.2 Additional considerations for children and young people who culturally and linguistically diverse (CALD)

Connection to family, culture, kin and community is essential for the health and wellbeing of children and young people from culturally and linguistically diverse (CALD) backgrounds. Cultural safety for children and young people from CALD backgrounds who are at risk of self-harm and suicide must be considered and DCP Multicultural Services can be contacted for advice.

4.6.3 Additional considerations for higher risk situations

Safety planning should take into consideration specific times and events that can be particularly dangerous for a child or young person who is at risk of self-harm and suicide, including times of transition, such as residential care staff hand-over, busy times when residential care staff may be distracted and during the

quiet hours of the night. The child or young person's individual circumstances should also be considered when safety planning to identify any individual high-risk triggers.

If the level of risk is high, residential care staff who are caring for the child or young person must regularly monitor them throughout the period to ensure their safety. Recommendations from the child or young person's therapists should guide the frequency of monitoring. If required, residential care staff who are caring for the child or young person should consult with the senior child and youth worker, supervisor or after hours support to discuss frequency of monitoring or support needs.

SA Health's Mental Health Triage Service-13 14 65 can also provide advice and information in a mental health emergency or crisis situation.

For young people 16 years and over who are presenting with a mental health crisis, the UMHCC can provide support and advice and offer an alternative to presenting to a hospital Emergency Department. The UMHCC is available 24 hours a day, 7 days a week and staff should refer to the UMHCC flowchart and contact UMHCC directly via telephone on 8448 9100 for guidance.

The Self-harm and suicide supports and resources section in this procedure provides contact details and information about a range of mental health services available for support and guidance.

4.7 Responding to a self-harming incident

If immediate medical attention is required, residential care staff must manage the immediate risk if safe to do so and call 000 requesting an ambulance. Call for assistance from other residential care staff if available.

Residential care staff must follow the DRSABCD action plan for first aid and any medical needs in line with first aid training. General first aid training requires the first-aider to seek emergency assistance in situations where training is not sufficient to ensure the safety of a child or young person. For further information about medical treatment, refer to the Residential Care: Medical treatment and medication procedure.

Residential care staff must support the child or young person by providing comfort and reassurance as much as possible. If the child or young person is transported to hospital by ambulance, a residential care staff member, (ideally a staff member they know and have a respectful relationship with) must travel with them for support where practicable.

Residential care staff must notify the senior child and youth worker, supervisor or after hours support of the situation and any actions taken.

If immediate medical attention is not required, residential care staff should administer first aid to treat minor wounds (for example superficial cut) as required and support the child or young person as much as possible throughout the process. Follow individual strategies outlined in their Wellbeing plan, My safety action plan and from the child or young person's therapist and care team.
Residential care staff should encourage the child or young person to talk about how they are feeling and how you can help them. Support them to utilise their My safety action plan and review the My safety action plan with the child or young person if appropriate.

When the immediate risk and the safety needs of the child or young person have been managed, residential care staff must follow the reporting and recording section and the follow up actions after a self-harming or suicidal incident section of this procedure.

The Residential care quick guide for self-harm and suicidal behaviour provides critical guidance for residential care staff who are supporting children at risk of self-harm and suicide.

4.8 Responding to suicidal behaviour

If a child or young person is believed to be in immediate danger or the level of risk is unmanageable, for instance, if they have expressed a suicide plan and you believe they have the means to carry out the plan in the near future, do not leave the child or young person alone. Contact 000 for ambulance response. For further advice and support, contact the senior child and youth worker, supervisor or after hours support.

If a child or young person is believed to be at high risk for self-harm and suicide, the residential care staff member caring for them must observe and monitor regularly, as advised by the child or young person's therapist, in order to ensure their safety.

Residential care staff members caring for the child or young person must follow the Wellbeing plan, My safety action plan and any recommendations from the child or young person's therapist for individual responses, observation frequencies and intervention requirements.

If there is no guidance related to self-harm and suicide behaviour in the Wellbeing plan, My safety action plan or from the child or young person's therapist, or if you have concerns, contact the supervisor, senior child and youth worker or after hours support for advice.

Residential care staff should encourage the child or young person to talk about their feelings and ask if they have made any specific plans to end their life. Remain present and connected with the child or young person, ask them what you can do to help them feel supported and assist them to use and update their My safety action plan if appropriate.

Residential care staff must continue to monitor and assess the child or young person's emotional state and take note of any changes in their behaviour. Engage with the child or young person as much as possible to give them the best possible opportunity to feel valued and supported.

Residential care staff must keep the supervisor, senior child and youth worker or after hours support well informed of the situation and any actions.

Residential care staff must contact the child or young person's therapist for further advice and assistance.

SA Health's Mental Health Triage Service-13 14 65 can provide advice and information in a mental health emergency or crisis situation.

For young people 16 years and over who are presenting with a mental health crisis, the UMHCC can provide support and advice and offer an alternative to presenting to a hospital Emergency Department. The UMHCC is available 24 hours a day, 7 days a week and staff should refer to the UMHCC flowchart and contact UMHCC directly via telephone on 8448 9100 for guidance.

The Self-harm and suicide support and resource section in this procedure provides contact details and information about a range of mental health services available for support and guidance.

Residential care staff need to sensitively and discreetly, conduct a search of the child or young person's room (and other accessible areas) and remove any items that might be used for the purpose of self-harm (rope, cord, sharp object, medicines or other substances that might be ingested etc).

Do not give permission for the child or young person to leave the house unless to an approved program/placement where all responsible persons are familiar with the My safety action plan and emergency procedures.

If a child or young person who has been assessed to be at risk of suicide leaves the house without permission or is missing, call 000 for SAPOL assistance and follow the Missing or absent from placement Procedure.

Residential care staff must be aware of the location of the rescue knife in their house. For further information about the correct use, storage and maintenance of rescue knives refer to the Additional responses for attempted suicide by strangulation section of this procedure and the Safe use of rescue knives Procedure.

Record all observations and relevant information in the E-log and C3MS. Ensure all appropriate information is shared with the care team including the DCP case worker and the child or young person's therapist.

The Residential care quick guide for self-harm and suicidal behaviour provides critical guidance for residential care staff who are supporting children at risk of self-harm and suicide.

4.8.1 Responding to a child or young person who has engaged in suicidal behaviour

If immediate medical attention is required

Residential care staff must manage any immediate risk if safe to do so and call 000 immediately requesting an ambulance. Call for assistance from other residential care staff, senior child and youth worker or after hours support if available.

Residential care staff must follow the DRSABCD action plan for first aid and any medical needs in line with first aid training. General first aid training requires the first-aider to seek emergency assistance in situations where training is not sufficient to ensure the safety of a child or young person. For further information about medical treatment, refer to the Residential Care: Medical treatment and medication procedure.

Residential care staff must support the child or young person by providing comfort and reassurance as much as possible. If the child or young person is transported to hospital by ambulance, a residential care staff member must travel with them for support where practicable.

Residential care staff must notify the senior child and youth worker, supervisor or after hours support of the situation and any action taken.

When the immediate risk and the safety needs of the child or young person have been managed, residential care staff must follow the reporting and recording section and the follow up actions after a self-harming or suicidal incident section of this procedure.

The Residential care quick guide for self-harm and suicidal behaviour provides critical guidance for residential care staff who are supporting children at risk of self-harm and suicide.

4.8.2 Additional responses for potential or actual strangulation by suicidal behaviour

In all methods of potential or actual strangulation (hanging, semi-seated, kneeling or lying) the priority is to release the pressure the ligature is causing on the neck and to remove the ligature. Immediate safety of the child or young person is always the first priority.

All residential care houses must have one or more rescue knives that are to be used specifically for potential or actual strangulation. The rescue knife should be stored in a specific location in the residential care staff office in each house. All residential care staff must familiarise themselves with the location of the rescue knife in each house that they work in. For further information about the correct use, storage and maintenance of rescue knives refer to the Safe use of rescue knives Procedure.

If it is possible and safe to do so, support the weight of the child or young person to relieve the pressure around the neck and cut the ligature from around the neck using the provided rescue knife.

If possible, call for other residential care staff to assist. If more than one staff member is available, one person should support the weight of the child or young person whilst the other cuts the ligature from around the neck using the rescue knife.

Where the child or young person is sitting, kneeling or lying down, the priority is to support or move the child or young person in such a way as to relieve the pressure of the ligature. For example if lying down, residential care staff should slide the child or young person towards the point of suspension, to reduce the tension on the ligature before removal if safe to do so.

After the ligature has been cut, all residential care staff members available should help to lower the child or young person safely to the floor, minimising the impact as much as possible and commence first aid. Follow advice from emergency services and follow instructions from first aid training.

If it is not possible to support the weight of the child or young person, cut the ligature at any accessible point to allow the child or young person to be released from the suspension unless the resulting fall is likely to cause more harm (for example there are dangerous obstacles hindering the fall, or a great height is involved). When safe to do so then cut the ligature away from the neck to release the pressure. Follow advice from emergency services and follow instructions from first aid training.

4.8.3 Additional responses to substance overdose or ingestion of poisons

If the child or young person is unconscious but still breathing, check airways, place them in the recovery position and immediately call 000.

Provide as much information to emergency services as possible, such as what type of substance was taken, how it was taken, how much was taken and when it was taken. Follow all directions provided by emergency services.

Remain with the child or young person until the ambulance arrives.

Do not try to induce vomiting or give any food or water to the child or young person unless directed by emergency services or a medical practitioner.

4.8.4 If immediate medical attention is not required

Residential care staff must administer first aid to treat minor wounds (for example superficial cuts) as required and support the child or young person as much as possible throughout the process. Follow individual strategies outlined in their Wellbeing plan, My safety action plan and from their therapist and care team.

Residential care staff should encourage the child or young person to talk about how they are feeling and how you can help them. Support and encourage them to use their My safety action plan and review the My safety action plan with the child or young person if appropriate.

The Self-harm and suicide supports and resources section in this procedure provides contact details and information about a range of mental health services available for support and guidance.

When the immediate risk and the safety needs of the child or young person have been managed, residential care staff must follow the reporting and recording section and the follow up actions after a self-harming or suicidal incident section in this procedure.

4.9 When a child or young person dies by suicide

Immediate safety is always the first priority. Residential care staff must ensure no other children or young people or residential care staff (including self) are in immediate danger.

Residential care staff must administer CPR where appropriate and safe.

Residential care staff must call 000 and request an ambulance and SAPOL attendance and, where possible, stay with the child or young person until emergency services arrive.

Call for other residential care staff to assist. Residential care staff must notify the senior child and youth worker, supervisor or after hours support for immediate support.

Residential care staff must isolate the area where the deceased child or young person is and prevent other children and young people from viewing the site.

Residential care staff must immediately alert the residential care supervisor and manager (or on call manager if after hours) of a child or young person's death. The residential care supervisor or manager will then notify the Director, Residential Care and the Executive Director, Out of Home Care.

Notify the DCP case worker, supervisor or manager at the office, or DCP After Hours Call Centre if after hours.

For detailed information, refer to the Death of a child or young person in care procedure, DCP residential care incident management procedure and the Significant Incident Reporting Procedure.

4.10 Reporting and recording

Where a significant incident has occurred such as a death of a child or young person or where the injuries acquired are considered life threatening, DCP staff are required to notify the Significant Incident Reporting Unit and should refer to the Significant Incident Reporting Procedure for further direction.

Where an incident involves a death of a child or young person, also refer to the Death of a child or young person in care procedure for further direction.

The DCP case worker, mental health professionals and care team should be notified by the relevant residential care supervisor or manager as soon as practical.

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Residential care staff should ensure accurate recording of observations, information and incidents in line with DCP Residential Care practices and procedures. Refer to the E-log Procedure and Residential Care: Incident Management Procedure for further guidance.

Agency staff who do not have access to C3MS need to ensure any documents and information that require uploading to C3MS are provided to a DCP residential care team member or the senior child and youth worker to record documents in to C3MS accordingly.

In instances where the infrastructure for accessing E-log has not been implemented in a residential care house, residential care staff are required to record and access relevant information and observations in a departmental observation logbook as stated in the E-log procedure.

4.11 Follow up actions after a self-harming or suicidal incident has occurred

The supervisor or senior child and youth worker must inform the care team, including the DCP case worker and where appropriate the child and young person's therapist, as soon as possible about any suicide behaviour, self-harm or injury. Where a serious incident has occurred the supervisor or senior child and youth worker must convene a care team meeting and discuss appropriate responses and future safety planning.

The emotional state and wellbeing of the child or young person must be continually monitored, assessed and documented in the E-log and C3MS where appropriate, as must any direction from supporting professionals (doctor, mental health nurse etc.).

A review of the child or young person's My safety action plan and Wellbeing plan is recommended to occur as soon as possible.

The wellbeing of all children and young people in the care environment is paramount and residential care staff must be alert to any behaviour that may indicate increased risk at this time. Children and young people who have witnessed self-harming or suicidal behaviours are vulnerable to self-harm and suicide. The care team should monitor for any warning signs and undertake safety planning for children and young people as appropriate.

Ensure accurate recording of observations, information and incidents occurs. Refer to the Residential Care: E-log Procedure and Residential Care: Incident Management Procedure for further guidance.

The senior child and youth worker or supervisor should ensure that consultation occurs with the DCP case worker for each child or young person who was involved in or witness to a self-harming or suicidal incident to identify if and how counselling or psychological support should be arranged.

4.12 Post incident care

Working with children and young people who are at risk of self-harm and suicide can cause extreme stress, anxiety and trauma for residential care staff.

The supervisor and manager are responsible for monitoring staff wellbeing and ensuring that all residential care staff members have access to appropriate supports, debriefing and counselling as required. In the event of a serious incident, debriefing and counselling for staff must be arranged. DCP Employee Assistance Program can be accessed for DCP residential care staff and agency staff can contact their agency for further guidance and support.

The supervisor must notify their manager if any staff member requires particular support or assistance.

The senior child and youth worker and child and youth worker must monitor the wellbeing of all children and young people. In consultation with each child and young person's DCP case worker, ensure that appropriate care and support has been arranged and is in place for all children and young people, and that they all have the opportunity to debrief with an appropriate person.

After a potential or actual suicide, the child or young person and other vulnerable children and young people who are some way involved or who may have witnessed the incident, will be more at risk of suicidal behaviour. The care team should monitor for any warning signs and undertake safety planning for children and young people as appropriate. For Aboriginal and Torres Strait Islander children and young people, safety planning must include provision of relevant cultural supports, confirmed in consultation with the child or young person's DCP case worker and/or the PAC.

5. Compliance, monitoring and evaluation

This document will be reviewed every three years to ensure currency and applicability, or more frequently if there are any changes to workplace practices and/or relevant legislation.

6. Related documents

Related documents, forms and templates
Death of a child or young person in care Procedure
E-log Procedure
Missing or absent from placement Procedure
My safety action plan
Residential Care: Incident Management Procedure
Residential Care: Medical treatment and medication Procedure
Residential Care: Quick guide for self-harm and suicidal behaviour
Reporting a suspicion a child or young person is at risk Procedure
Safe use of rescue knives Procedure
Significant Incident reporting Procedure
Urgent Mental Health Care Centre Flowchart
Wellbeing plan section in Support children and young people in residential care key step
Wellbeing Plan template
Wellbeing Plan exemplar

7. Glossary

Term	Meaning
C3MS	Connected Client and Case Management System
DCP	Department for Child Protection
DRSABCD action plan	DRSABCD is an acronym/mnemonic taught on first aid courses. It is an action plan on how to respond in a medical emergency. It stands for Danger, Response, Send for help, Airway, Breathing, Cardiopulmonary resuscitation (CPR) and Defibrillation.
E-log	Electronic logging system used to record information and observations about children and young people who are placed in DCP Residential Care.
Key worker	A key worker is a residential care worker who is identified as important for the CYP.
Ligature	An object used for tying or binding something tightly.
Rescue knife	The Pacific Cutlery 911 Rescue Knife allows for safe and quick cutting of most fabrics and fibrous restraints, including, leather, ropes and electrical cords etc.
SAPOL	South Australia Police
Strangulation	The action or state of strangling or being strangled. This can include intentional, misadventure or accidental choking.
UMHCC	Urgent Mental Health Care Centre, a free service, open 24 hours, 7 days a week, for young people 16 years and over who are presenting with a mental health crisis. The UMHCC can provide support and advice and offer an alternative to presenting at a hospital Emergency Department.

Government of South Australia
Department for Child Protection

Document control

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REVISION RECORD		
Approval Date	Version	Revision description
December 2021	V0.2	First publication
4 March 2022	V1.0	Reviewed and updated including language update to reflect current practice and industry terminology. Risk assessment tool replaced with Residential Care quick guide for self-harm and suicidal behaviour.
3 November 2022	V1.1	Minor amendment to reflect new requirements under the *Criminal Law Consolidation Act 1935*
June 2023	V1.2	Minor update to include content relating to Urgent Mental Health Care Centre
December 2023	V1.3	Minor update to fix links to current guidance and related documents
2 August 2024	V1.4	Minor update to include link to the Wellbeing plan section in the DCP Residential Care chapter of the Manual of Practice

Self-harm and suicide supports and resources

Services and resources		Contact details
Aboriginal Health Services	SA Health has a range of Aboriginal-specific services across the State as well as community health services	Aboriginal Health Services
Beyond Blue	Provides on line information and support to help achieve best possible mental health for any age	1300 224 636 www.beyondblue.org.au
Child and Adolescent Mental Health Services (CAMHS)	CAMHS Connect -Specialised tertiary mental health referral service. (does not provide emergency response)	1300 222 647 CAMHS
DCP Employee Assistance Counselling (EAC)	Confidential employer funded support service for DCP employees experiencing personal or work related concerns	8226 4219 DCPStaffWellbeing@sa.gov.au
Emergency services – Ambulance, SAPOL, Fire Department	Request Ambulance, SAPOL or fire department for emergencies	000
Headspace	Mental health support, early intervention for young people 12 – 25. Includes resources for young Aboriginal and Torres Strait Islander peoples – Take a step	1800 650 890 https://headspace.org.au/ Take a step resources
Kids helpline	Free confidential 24/7 online and phone counselling service for young people aged 5 to 25	1800 55 1800 www.kidshelpline.com.au
Learnings from the message stick: The report of the inquiry into Aboriginal youth suicide in remote areas	November 2016 report from the Western Australian Education and Health Standing Committee	Learnings from the message stick report
SA Health - Mental Health Triage Service	Mental Health triage service 24/7 can provide advice and information in a mental health emergency or crisis situation	13 14 65 Mental Health Triage Service
Suicide call back service	Free nationwide service providing professional advice 24/7 to people at risk of and people supporting someone at risk of suicide	1300 659 737 Suicidecallbackservice.org,au
Urgent Mental Health Care Centre (UMHCC)	A free service, open 24 hours, 7 days a week, for young people 16 years and over who are presenting with a mental health crisis. The UMHCC can provide support and advice and offer an alternative to presenting at a hospital Emergency Department.	08 8448 9100 **https://www.umhcc.org.au/**
Women's and Children's Hospital (WCH)	Specialist hospital facility providing emergency, inpatient and outpatient care	8161 7000