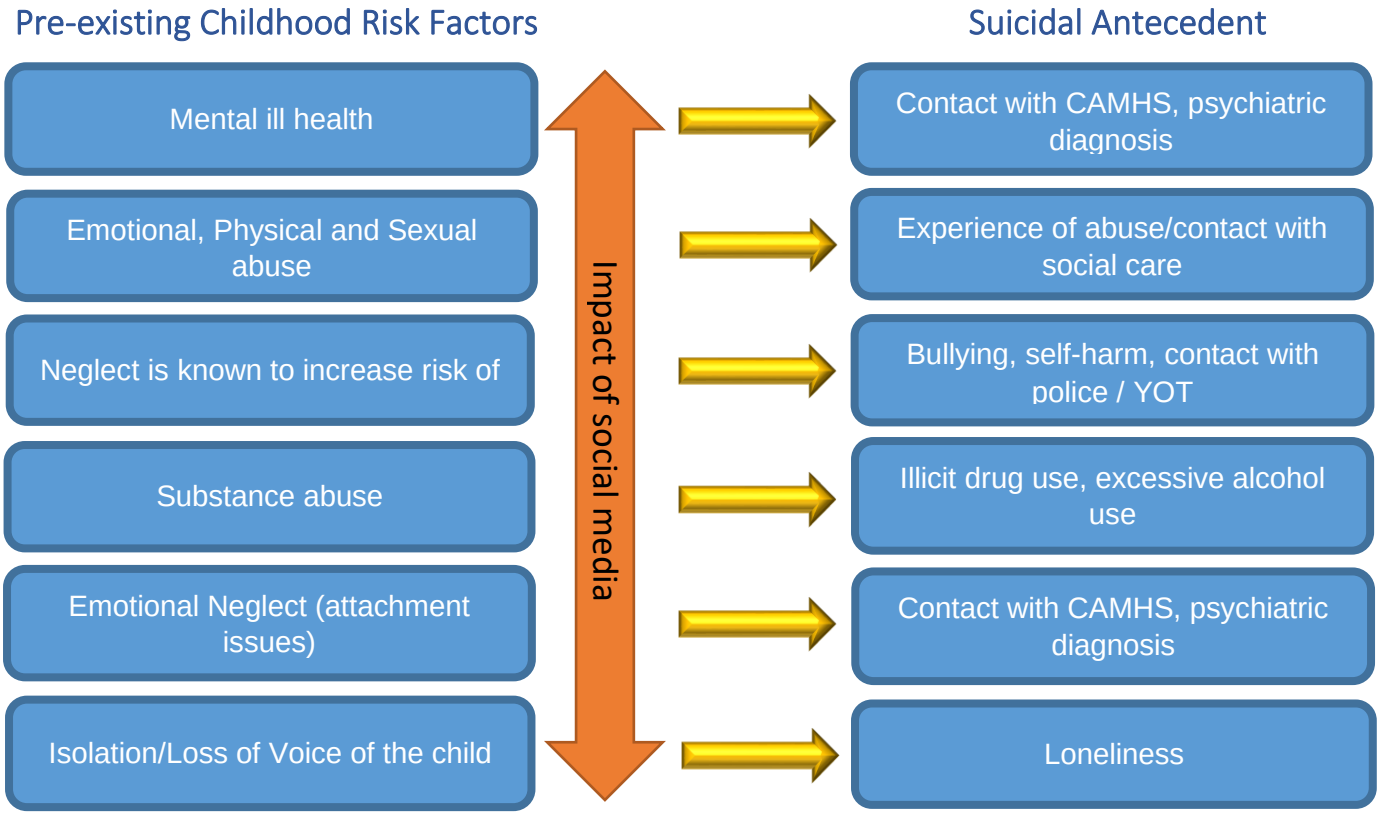
NHS
Black Country
Integrated Care Board

Safeguarding Practice Guidance within Suicide Prevention for Children

Evidence shows that it is paramount to consider safeguarding as an essential element of suicide prevention in high-risk populations. The safeguarding issue is the risk they pose to themselves. Frequently, there are suicide antecedents and corresponding safeguarding concerns that are overlooked. This guidance supports professionals in considering a safety plan which takes account of safeguarding risks and identifies how practice can be supported by existing multi-agency safeguarding frameworks.



- If there are any of the above pre-existing risk factors involved, the risk of suicide needs to be seriously considered, even if there is no evidence of suicidal ideation or a diagnosed mental health concern.
- Suicide prevention should never be managed in silo and multi-agency support and planning is essential.
- An assessment of risk needs to include the family, social and educational support and difficulties, with the use of the threshold document.
- The use of targeted Early Help Frameworks, including team around the family (TAF) meetings, CiN and CP procedures need to be in place to support the child, YP and family and the practitioners involved.
- For children and YP where you have identified a risk of suicide, non-engagement is not a valid reason to discharge from your service. In fact, the risk could be heightened.

Every child and YP who is at risk from themselves, either through self-harm or suicidal antecedents, needs to have a robust suicide prevention safety plan in place.