

# NSPCC Cymru/Wales

**Response to:**

## **Talk To Me: A National Action Plan to Reduce Suicide and Self Harm in Wales 2008-2013**

**January 2009**

NSPCC Cymru/Wales, Capital Tower, Greyfriars Road, Cardiff, CF10 3AG  
Tel: (029) 2026 7011 Email:



Registered charity number: 216401 and  
SC037717

**About us:**

The NSPCC's purpose is to end cruelty to children. Our vision is of a society where all children are loved, valued and able to fulfil their potential.

We seek to achieve cultural, social and political change – influencing legislation, policy, practice, attitudes and behaviours for the benefit of children and young people. This is achieved through a combination of service provision, lobbying, campaigning and public education.

## General Comments

NSPCC Cymru/Wales welcomes the opportunity to respond to this consultation on the Welsh Assembly Government's national action plan to reduce suicide and self harm.

As an organisation the majority of the children and young people who access our services across Wales have experienced some form of abuse and need help and support to begin to overcome their experiences. In some circumstances children and young people use self harm as a way to cope and may believe that suicide is their only option. Since February 2006 NSPCC has delivered the ChildLine service, which is the UK's free, 24-hour confidential helpline for children and young people. Trained counsellors provide support and advice about any problem that is worrying a child or young person. The service also has a three year Children and Families Organisational Grant (CFOG) from the Welsh Assembly Government, which supports the funding of a variety of activities.

In 2007/08 2925 children and young people contacted ChildLine specifically to talk about suicide and a further 3003 children and young people talked about suicide as an additional problem. In total almost 6000 children and young people talked about suicide to ChildLine last year. It is particularly concerning that this figure is three times the number of children and young people who spoke to ChildLine about suicide in 2003/04 (910).

ChildLine counsellors receive specific training to deal with calls from children and young people who either express suicidal feelings or are engaged in an active suicide attempt. If a caller mentions feeling suicidal the counsellor will immediately carry out a risk assessment to determine how serious the situation is. The counsellor will then either seek to talk to the caller about their problems, or if an active suicide attempt is being made will seek to get information to be able to get help to the caller. Whilst the counsellor will always endeavour to get the callers agreement to pass on details to the emergency services, if the callers life is in immediate danger then they will break confidentiality and make a referral to another agency. In 2007/08 213 referrals were made by ChildLine about callers who talked about suicide, half of these being to the police and a quarter to the ambulance service.

In 2007/08 ChildLine also received 2224 calls from children and young people who were counselled around issues specifically relating to self harm. A further 3938 children and young people called the service about another issue, but went on to mention self harm as an additional concern. Whilst research has indicated that those who self harm are at an increased risk of suicide, it is important that these two issues are separated out. It is important to recognise that a young person who is self harming does not automatically feel suicidal. For that young person the self harm, in whatever form it takes, could be a coping mechanism for the emotional distress that they are feeling. It is true that in some cases this will lead onto a suicide attempt, but this should not automatically be assumed in all cases and doing so may stigmatise the young person involved, leading to them being treated inappropriately.

**In light of the experience of ChildLine in talking to children and young people about suicide and self harm, we are deeply concerned that there is no mention of this particular service throughout the action plan. NSPCC Cymru/Wales recommends that the action plan is re-written to ensure that relevant reference is made to ChildLine that reflects its crucial role in providing children and young people with someone to talk to about their problems.**

NSPCC Cymru/Wales supports the aim of this action plan to deliver a more co-ordinated approach to suicide reduction across Wales. In saying this it is disappointing to note the failure of the introduction to make reference to the Welsh Assembly Government's Seven Core Aims for Children and Young People, particularly Core Aims 3 and 6 relating to freedom from abuse and victimisation and having a safe home and community that support their emotional wellbeing. It is also disappointing that there is no reference to the United Nations Convention on the Rights of the Child (UNCRC), which forms the Welsh Assembly Governments basis for all its policy relating to children and young people and underpins the Seven Core Aims. Articles 19 and 39 relate to a child's right to be free from abuse and the right for children and young people to receive help and support if they have experienced neglect or abuse. The failure to include the children and young people's policy framework, alongside the failure to highlight ChildLine, makes the action plan look very adult orientated. Unfortunately this is something that we have previously

had to highlight when responding to the consultation on the Welsh Assembly Government's Mental Health Promotion Action Plan in December 2006. This leaves us to come to the conclusion that children and young people have not played a prominent part in the development of this action plan and are not viewed as crucial stakeholders

**NSPCC Cymru/Wales recommends that the final strategy contains reference to the Welsh Assembly Government's policy framework for children and young people and specific reference to how the action plan will promote children's right, particularly articles 19 and 39, as laid out in the UNCRC.**

#### The 7 Objective of Suicide Prevention

NSPCC Cymru/Wales broadly welcomes the seven objectives set out within the strategy, but feel that beyond this action plan work also needs to be undertaken across the Welsh Assembly Government and professional bodies to ensure that this action plan is reflected in other guidance and strategies, including those relating to professional training and development. The Welsh Assembly Government also need to ensure that any national networks and groups established or materials produced to in relation to this action plan clearly recognises the importance of issues relating to children and young people and ensures relevant representatives are included in the discussions and that materials are age appropriate.

#### Objective 1: Promote mental health and wellbeing

As mentioned earlier NSPCC Cymru/Wales responded to the consultation on the Welsh Assembly Government's proposal for a Mental Health Promotion Action Plan in December 2006, expressing our concern that the strategy needed to have an improved focus on the needs of children and young people. Since responding to the consultation we have been disappointed that there has been very little from the Welsh Assembly Government around how the action plan has been developing and delivering on its objectives. This is especially crucial when considering one of the main findings from the evaluation of the Scottish Executive's suicide action plan *Choose Life*. The evaluation highlights that the Scottish strategy is placed within wider commitments to health promotion and social justice, which has allowed for suicide prevention to be mainstreamed alongside other strategies. We recognise that within this objective there are proposals to improve the information available to practitioners and professionals via the mental health promotion network and website. We believe that crucial as *Talk To Me* is, it will only succeed if it is part of a wider action plan to promote good mental health and end the stigma associated with mental health problems.

**NSPCC Cymru/Wales strongly recommends that the Welsh Assembly Government provides a greater profile for the work of its Mental Health Promotion Action Plan and reports annually on any progress being made to improve mental health outcomes for children and young people.**

Whilst we welcome the proposed roll out of Mental Health First Aid training we are concerned that at present this appears to be an adult focussed model and we are concerned that it may not be as effective for those working or in contact with children and young people. It is crucial that training is available to all professionals, particularly those with Tier 1 responsibility under *Everybody's Business*, but that training needs to be specifically relevant to the pressures and stresses on children and young people.

**NSPCC Cymru/Wales recommends that the Welsh Assembly Government with partner agencies reviews and adapts the Mental Health First Aid module to ensure that it provides information, training and support for identifying mental health issues with children and young people.**

NSPCC Cymru/Wales welcomed the publication of the new *PSE Framework for 7 – 19 year olds in Wales* as a positive development in providing children and young people with the emotional skills they need to cope with the transition to adulthood. Whilst the framework is comprehensive, we are concerned that it is essentially a guidance document with a limited statutory basis. PSE being made a compulsory part of the curriculum in Wales was a significant step forward and we believe that the Framework

should also be made compulsory to ensure that all children and young people are receiving the same information.

**NSPCC Cymru/Wales recommends that the Welsh Assembly Government investigates making the PSE Framework compulsory, so ensuring that all children and young people can benefit equally from this comprehensive guidance.**

Alongside making the PSE Framework compulsory there is also a need to ensure that education professionals are able to deliver the outcomes within the guidance. Some of the areas that the Framework covers are very sensitive and any professional without specific support and training would be understandably wary about how to approach these subjects. In 2006 NSPCC published *Promoting Personal Safety in PSHE*, which provided suggestions for exercises teachers could use in delivering some of the more sensitive aspects of PSE. Funding was secured from the Welsh Assembly Government to publish this resource bilingually. Resources such as this, along with the opportunities for education professionals to train and explore some of these issues in a safe environment are crucial in improving the mental health of children and young people and of ensuring that pupils feel able to talk about their problems at an earlier stage. It is also important to ensure that support staff, such as teaching assistants, receive training and support in identifying and supporting children and young people who may be vulnerable to suicide or self harm.

**NSPCC Cymru/Wales recommends that as an action under “Training and Awareness Raising” in Objective 2 a review of initial teacher training and ongoing training for both education professionals and support staff be undertaken, looking specifically at whether these professionals have the appropriate skills and information to be able to deliver the PSE Framework, the sensitive issues that are raised within it, recognise pupils who are experiencing difficulties and refer appropriately.**

NSPCC Cymru/Wales welcomes the Welsh Assembly Government strategy in relation to school-based counselling and the proposals on provision of family nurses across Wales. We would hope that the ability to self refer to these services will also encourage children and young people to talk about their problems and experiences at an earlier stage, so leaving fewer of them feeling so isolated that they feel suicide is the only option available to them. We highlighted in our response to the consultation on the establishment of a family nursing service that there was a need to clarify how the family nurse would work with the school counsellor to ensure information is shared and pupils get the best support. In relation to suicide and self harm prevention this sharing of information could be crucial to protecting a child or young person. Further to this it also needs to be recognised that a child or young person could speak to either the family nurse or the school counsellor about suicidal feelings, so it is important that there is genuine partnership between these two roles in taking forward this action plan in schools, recognising that the reasons behind these feelings and the solutions to them will be both related to both a health model and a social model. This action plan could provide the basis for establishing the protocols between the family nurse and the school-based counsellor to ensure a speedy and effective wrap around service for children and young people.

**NSPCC Cymru/Wales recommends that alongside recognising the establishment of school-based counselling and the family nurse the action plan includes reference to the need to ensure that protocols are in place between these two professionals covering sharing information, lead professional and onward referrals.**

In relation to the proposed new family nurse role we also expressed our concern at the seeming lack of a professional qualifications framework proposed around the role. This could cause significant difficulties for the delivery of *Talk To Me* if those in this new role do not have the training or skills to be able to work with children and young people who are displaying the types of behaviours highlighted within this action plan.

**NSPCC Cymru/Wales recommends that as a matter of urgency work is undertaken to ensure that a professional qualifications framework is developed for the new role of family nurse and that this includes training on child protection, children’s rights and suicide prevention.**

NSPCC Cymru/Wales has been disappointed that there is no specific reference to Flagged Action 2.55 of the *National Service Framework for Children, Young People and Maternity Service in Wales*, which reads:

*School children are informed of the availability, purpose and access routes to services that are in place to protect them from harm, including ChildLine, the NSPCC Child Protection Helpline, social services, the Children's Commissioner for Wales and advocacy services*

From the limited information we have been able to access we understand that this is an action that local authorities have struggled to implement satisfactorily, although we accept that this may have improved in the last twelve months. It is crucial that when children and young people are experiencing distress they are aware of services that they can contact to talk through their worries or problems. Frequently when a child or young person calls ChildLine it is the first time they have spoken to anyone about their problem and this can even be if they have supportive parents. Some children and young people want the opportunity to speak to someone anonymously and who is in no way connected to the situation they are experiencing.

The ChildLine in Partnerships (CHIPS) programme works with schools and other settings to raise awareness of the ChildLine service and the help and support it can provide. The practitioners also provide advice and training to schools on issues such as peer support and anti-bullying strategies. The CHIPS co-ordinators have also carried out work within schools where sudden death or suicide have been issues, running workshops and giving presentations to support children, young people and staff. Through this work we believe that children and young people will become more aware of how ChildLine can help them and be more inclined to use the service when they are experiencing difficulty.

**NSPCC Cymru/Wales recommends that the Welsh Assembly Government reviews the delivery of flagged action 2.55 of the NSF and includes the delivery of this action within this action plan under Objective 1 or Objective 2.**

NSPCC Cymru/Wales is further disappointed at the failure to specifically include ChildLine in the list of agencies involved in delivering training programmes and developing additional materials and approaches to suicide prevention. ChildLine has considerable expertise in not only talking to children and young people who are expressing suicidal feelings, but also in providing them with help and in a number of situations helping to save their lives. The service has also been involved in the development of local protocols in relation to self harm. Coupled with this is the considerable experiences of NSPCC in protecting and safeguarding children, as well as working with children and young people who have experienced significant distress in their lives.

**NSPCC Cymru/Wales strongly recommends that ChildLine is included in the list of agencies to be involved in the development of future training programmes and materials on suicide prevention, allowing us to provide our experience of working directly with children and young people experiencing this type of distress.**

#### Objective 2: Delivering early intervention

NSPCC Cymru/Wales welcomes the recognition within this section of the key role played by Child and Adolescent Mental Health Services (CAMHS). The concern over the provision of CAMHS in Wales has been stated by many different agencies, particularly the Office of the Children's Commissioner for Wales. If this action plan is to be successful it is vital that CAMHS in Wales is sufficient resourced, that commissioning of services is transparent and that information is available to parents, carers, children and young people. Unless this happens children and young people experiencing distress or mental health problems will continue to go untreated or wait unacceptable periods for a service.

We welcome the action point relating to the ability of Primary Mental Health Workers (PMHW) to provide consultation and advice. From our experience where there is a PMHW the link between CAMHS and other services is greatly improved. They also play a key role in supporting the role of professionals in Tier 1 to identify children and young people at the earliest stages of their distress, something which is of key importance when considering suicide prevention. We are concerned that at present there does not appear

to be enough of these highly valuable roles to provide the advice and support that is needed across Wales.

**NSPCC Cymru/Wales recommends that alongside the action relating to the role of Primary Mental Health Workers in Wales is an added action committing to review the funding of these posts to ensure that there is appropriate provision to meet demand across Wales**

Whilst we are in agreement with many of the action points listed within this section we are surprised that there is no direct reference to the *National Service Framework for Children, Young People and Maternity Services in Wales* in this section. This is despite a number of mentions for the adult mental health NSF *Raising the Standards*. Action points within this action plan should be clearly cross referenced to the Children's NSF, to ensure that those key actions are being delivered, as we remain concerned that CAMHS in Wales is currently unable to cope with the demands upon it. Where CAMHS is "coping" high thresholds for access to service have been recognised as well as considerable waits for certain types of services. With this background it is crucial that any strategy to improve mental health and reduce suicide and self harm has a joint focus on delivering timely appropriate mental health services for children and young people across Wales.

**NSPCC Cymru/Wales recommends that the action points within *Talk To Me* are clearly and explicitly cross referenced with those actions in Chapter 4 of the Children's NSF.**

Currently the Welsh Audit Office (WAO) and Health Inspectorate Wales (HIW) are undertaking a mid point review of the Welsh Assembly Government's CAMHS strategy *Everybody's Business*. NSPCC Cymru/Wales believes that the publication of this report will provide a clear future direction for CAMHS in Wales, through highlighting what works well as well as what more needs to be done. It is highly likely that the review report will have implications for the delivery of this action plan

**NSPCC Cymru/Wales recommends that the report of the joint WAO/HIW audit of CAMHS in Wales is considered and any recommendations relating to the provision of CAMHS to children and young people in Wales are included in the final action plan and that sufficient funds are made available to support any future CAMHS development.**

NSPCC Cymru/Wales has expressed our concern at the low level of post-abuse therapeutic services across Wales on a number of occasions. NSPCC Cymru/Wales deliver such a service from our base in Swansea and receive referrals from across South Wales. As experiencing abuse is listed within this action plan as a key indicator of likely suicidal behaviour we believe that the lack so these services needs to be addressed as a matter of urgency. Without being able to access a service such as the one we provide in Swansea many children and young people who experience abuse will be unable to talk about their experiences and have limited support in beginning to put their lives back and move forward. This leads to an increased feeling of isolation and places them at greater risk of suicide or harming behaviours.

**NSPCC Cymru/Wales believes as a matter of urgency the Welsh Assembly Government should prioritise the development of post-abuse therapeutic services across Wales that would enable children and young people who experience abuse to seek help and begin to re-build their lives.**

NSPCC Cymru/Wales welcomes the action relating to engaging children and young people to ensure services are tailored to meet their needs. The right of children to participate and have their views heard is enshrined in Article 12 of the UNCRC. By placing this particular action in this section under "Training and Awareness Raising" the opportunity for children and young people to actively participate in the delivery of the action plan and any future developments is constrained. As highlighted earlier we believe that one of the underpinning principles of this action plan should be a commitment to the UNCRC, and with this should be a commitment that throughout the action plan children and young people should be engaged to both shape the future development and suggest solutions to some of the issues raised. NSPCC Cymru/Wales believes, particularly in this area, it is crucial that children and young people are involved in looking at the solutions and how to engage others effectively with messages promoting good mental health and

reducing any feelings of isolation. It is concerning that in the recently published 2008 *Children and Young People's Well-being Monitor* 17% of girls aged 11-15 said they felt lonely quite often, very often or always. For boys the figure was even more concerning at 25%. If this action plan is to be successful then children and young people need to be involved in how to reach out to others who many be feeling alone and isolated.

NSPCC Cymru/Wales are undertaking some work with a group of young people to explore the sensitive subject of youth suicide, looking at both what causes young people to take their lives and also what could help and support young people. Whilst this is primarily a piece of internal work to inform our approach to this area, we would be happy to share the views of the group with the Welsh Assembly Government, provided they are also comfortable with this. Unfortunately due to the understandable caution we are proceeding with when dealing with a subject such as this we will not have completed the work by the end of the consultations period of this action plan.

**NSPCC Cymru/Wales welcomes the recognition of the need to involve children and young people in the development of services and recommends that this is expanded and the involvement of children and young people in all aspects of this plan is set in the introduction as a core underpinning principle of the action plan. This should also seek to reflect Article 12 of the UNCRC.**

### Objective 3: Response to Personal Crisis

It has been NSPCC Cymru/Wales' experience through the provision of the ChildLine service that a significant minority of children and young people will only seek help when they have reached a crisis point and have maybe attempted suicide or are involved in an active suicide attempt. From our experience of taking calls on a wide variety of issues it appears that boys will generally seek help later in the cycle than girls do. In light of this it is equally vital that services for children and young people are accessible when they need to speak to somebody.

Once again NSPCC Cymru/Wales would like to express its concern at the failure to refer to the Children's NSF. The action points within this section highlight key action 13 in the adult mental health strategy *Raising the Standard*, but do not refer to the similar action within the Children's NSF, action 5.8 which states:

*Children and young people have access to emergency and out-of-hours consultation, which is provided 24 hours per day / 7 days per week, as well as effective interventions and the availability of appropriate expertise for risk assessment*

This is an action point that is also referenced in the Welsh Assembly Government's CAMHS strategy *Everybody's Business*, as an area that needed action as a priority. This type of out of hours service is often a role played by ChildLine who speak to a number of children and young people every year who are waiting for treatment from CAMHS. Often these callers feel that they have no one else to talk to. This indicates that either 24 hour services are not routinely available or if they are some children and young people know little about them.

**NSPCC Cymru/Wales strongly recommends that an additional action point is included to recommend the delivery of action 5.8 of the Children's NSF and that a review is undertaken to look at the delivery of this particular action. The review should also look at how information about the provision of 24 hour, out-of-hours services is being communicated to children and young people in Wales.**

The action plan also highlights key action 41 of *Raising the Standard*, which once again only applies to adults. There is no similar standard within the Children's NSF. It is vital that there is an understanding among professionals, particularly health professionals, around self harm and why children and young people choose to harm themselves. Children and young people need to be handled sensitively due to the often conflicting emotions that have led them to self harming. Once again we reiterate that there is a need to separate self harming behaviour from suicidal behaviour, whilst recognising that there is the potential for self harm to escalate into a suicide attempt or accidental loss of life.

**NSPCC Cymru/Wales strongly recommends that an action is included in this section relating to after care and support for children and young people who come**

**into contact with services and are self harming. The Welsh Assembly Government should review what guidance is available to professionals and ensure it is being applied appropriately. As a minimum this group of children and young people should be given information about ChildLine and other services that they can contact to talk about their problems and the reasons behind their behaviour.**

Objective 4: Manage the consequences of suicide and self harm

NSPCC Cymru/Wales welcomes the acknowledgement of the impact that a suicide can have on remaining family members. Tragically we have seen that some young people have been unable to cope with the trauma of losing a family member or a close friend and this has led them to taking their own life. We would hope that these actions would include the provision of specific services that reach out to children and young people not only in families, but also in the wider community who make be affected. There also needs to be an acknowledgement within this section that the needs of children and young people affected by suicide and those affected by self harm will be different and so different approaches and services will be needed.

Objective 5: Promote learning, research and improve information on suicide and suicide prevention

NSPCC Cymru/Wales welcomes the decision to pilot the initial stage of an all Wales child death review with cases of suicide. It is vitally important that any learning from cases where children and young people have taken their own life is shared across Wales and relevant alterations made to practice and processes. We hope that through this process agencies will be encouraged to identify children and young people more susceptible to suicidal behaviour earlier, enabling them to intervene earlier.

NSPCC Cymru/Wales believes that the link between serious case reviews and the child death review process should be further explored, in particular the need for clear guidance from the Welsh Assembly Government on the sequencing of serious case reviews within other processes especially coroner's hearings. Further there is the need for clarity under guidance on the requirement to hold a serious case review in relation to suicide as this is interpreted differentially across Wales, depending sometimes on the Coroner's Court verdict or at others on the basis of other knowledge. For example, does a narrative verdict of death by hanging but with no evidence of sole intent to kill themselves mean that this is a suicide under the guidance or not. We are also aware that there is some concern within LSCB's that a serious case review may not always be the best mechanism to gain understanding and learn lessons when a child or young person has committed suicide, particularly where there were no previous concerns by agencies involved. There are examples where a child was not known to agencies apart from through the general contact with health and education but the serious case review process is required to take place with potentially very limited learning and implying to families and carers that there are concerns over abuse or neglect.

**NSPCC Cymru/Wales would recommend that guidance is clarified, amended and reviewed as appropriate to ensure that processes are fit for purpose and that all agencies are clear around their responsibilities in situations where a young person or child has committed suicide.**

NSPCC Cymru/Wales believe that there should also be reference to the Sudden Unexpected Deaths in Infants and Children (SUDI) protocol within this section. At present in Wales it has been our experience that in some areas this process is being used for under 18's, whereas in others it is just being used solely for younger children. There needs to be greater consistency and also the protocol should be looked at to see whether, with amendment, it could be applied more consistently to cases of youth suicide.

**NSPCC Cymru/Wales recommends that the Welsh Assembly Government explores whether the SUDI process could be used to investigate instances of youth suicide.**

We welcome the action to evaluate suicide prevention and self harm programmes. It is vitally important that interventions that are used with children and young people who display this type of behaviour are based on research and successful outcomes. Within the action plan there is no mention of how the Welsh Assembly Government plans to disseminate best practice to agencies.

**NSPCC Cymru/Wales would welcome clarification within the strategy around how the Welsh Assembly Government plans to ensure that all agencies, including both statutory and voluntary sectors, working with children and young people displaying suicidal or self harming behaviour will be kept informed of the latest practice developments and what works.**

Whilst we welcome the intention to evaluate suicide and self harm programmes we are concerned that there does not appear to be any clear statement around the evaluation of the delivery of this action plan as a whole. As previously mentioned the evaluation of the Scottish Suicide Prevention Strategy played an important role in determining what worked and where more resource or time needed to be spent. NSPCC Cymru/Wales feels that this is a significant oversight within this strategy and should be rectified before the final version is published.

**NSPCC Cymru/Wales recommends the a clear timeline is included in the action plan that outlines the points at which the action plan will be reviewed and evaluated to ensure that implementation is successful.**

It is equally important that the development of learning and research is carried out on a multi-agency basis. A number of agencies are involved in working with children and young people displaying these types of behaviour and they should all be involved in sharing practice and developing solutions. At present the agencies mentioned in this section are mostly health and we strongly believe that there would be great value in including professionals from social care, education, police, YOT teams, etc, as these have the potential to all be key stakeholders in the life of a child or young person who is either suicidal or self harming. We would be concerned that this could lead to an overly medical approach, losing some of the important social factors in why children and young people display these behaviours. This multi-agency approach should also be something to be reflected throughout the strategy.

**NSPCC Cymru/Wales recommends that the responsible agencies under this objective are reviewed to ensure that there is a genuine multi-agency approach to developing research, learning and practice in these areas. This should also clearly extend to the delivery of the strategy as a whole.**

Once again in this section it would be positive to see reference to an intention to involve children and young people in the evaluation of programmes and also the development of solutions and interventions. It is crucial that children and young people, as one of the target groups for this strategy and the information that it develops, have the opportunity to highlight what they felt worked and what needs to improve.

**NSPCC Cymru/Wales recommends that the involvement of children and young people in the evaluation of programmes and the response to those that display these types of behaviours is included as an action point within this section.**

#### Objective 6: Work with the media to ensure appropriate reporting on mental health and suicide

NSPCC Cymru/Wales welcomes the action points relating to improving media reporting of instances of suicide and would welcome being involved in developing messages for media aimed at children and young people.

#### Objective 7: Restrict access to the means of suicide

NSPCC Cymru/Wales believe that it is appropriate under this section to also consider the role of the internet in issues of self harm and suicide. Note should be made of legislative moves to ensure that web content encouraging suicide is to be included in the definition of *aiding or abetting suicide* under the proposed Coroner and Justice Bill<sup>1</sup>. It is vitally

---

<sup>1</sup> Coroners and Justice Bill, Explanatory Notes, HM Government  
**Clause 46: Encouraging or assisting suicide: England and Wales**

It provides that a person will commit an offence if he or she does an act which is capable of encouraging or assisting another person to commit or attempt to commit suicide, and if he or she intends the act to encourage another person to commit or attempt to commit suicide.

important that professionals are aware of this amendment and the role that the internet may play in providing children and young people with information on suicide and self harm.

**NSPCC Cymru/Wales recommends that within this section there is a further action point to ensure that professionals are made aware of the change in the law in relation to internet sites encouraging suicide.**

### Conclusion

Whilst NSPCC Cymru/Wales welcomes the development of this strategy, we strongly believe and recommend that more attention is paid to the experiences and needs of children and young people. At present the strategy reads as something mostly for adults with a few references to children and young people throughout. The failure to highlight and use the experience of the ChildLine service is a clear example of the need for further thought around how this action plan applies to children and young people.

Simon Jones  
NSPCC Policy & Public Affairs Manager for Wales  
(029) 20267011  
[simonjones@nspcc.org.uk](mailto:simonjones@nspcc.org.uk)

---

The person committing the offence need not know, or even be able to identify, the other person. So, for example, the author of a website promoting suicide who intends that one or more of his or her readers will commit or attempt to commit suicide is guilty of an offence, even though he or she may never know the identity of those who access the website.

#### **Clause 48 and Schedule 10: Encouraging or assisting suicide: providers of information society services**

Ensures that providers of information society services who are established in England, Wales or Northern Ireland are covered by the offence of encouraging or assisting suicide even when they are operating in other European Economic Area states.

Paragraphs 4 to 6 of the Schedule provide exemptions for internet service providers from the offence in limited circumstances, such as where they are acting as mere conduits for information that is capable, and provided with the intention, of encouraging or assisting suicide or are storing it as caches or hosts.