

**DUTY of CARE POLICY
AND GUIDELINES**



BOOKLET 6

**PACKAGE FOR
TEAM MEMBERS –
RESPONDING TO
CHILDREN AND
YOUTH AT RISK**

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Make *CRC Guidelines for Responding to Children / Young People at Risk* available to Team Members

CRC Guidelines for Responding to Children / Young People at Risk

The following guidelines are to be made available to Team Members who work with or have access to children or young people in a ministry or program at your church. They are intended to help Team Members identify children or young people that may be dealing with bullying, declining mental health or are at risk of suicide and help Team Members know how to offer support and referral to professional help as required.

Bullying

When children gather together, it is possible that some will bully others. Bullying is a pattern of behaviour that, if allowed to go uncorrected, can have serious consequences for the victim as well as the bully.

Bullying is more than physical violence by the large and strong against the small and weak:

- It can include acts of exclusion and isolation, humiliation, name-calling and teasing
- It can involve the extortion of money and the theft of possessions
- Bullying is a conscious and wilful act of aggression and/or manipulation by the bully against others
- Bullying can last for a short period or go on for years and is an abuse of power by those who carry it out

Bullying may be physical or non-physical:

- Examples of physical bullying include biting, hair-pulling, hitting, kicking, locking in a room, spitting and damaging a person's property.
- Examples of non-physical bullying include abusive phone calls or text messages, extorting money or possessions, intimidation or threats of violence, racist remarks or teasing, sexually suggestive or abusive language, making cruel remarks, and spreading false and malicious rumours.

In recent years, social media and easy access to video media through smart mobile phones has created a form of bullying called cyber-bullying:

- Cyber-bullying is especially prevalent among teens, and has been linked to many suicides.
- Bullying usually occurs away from responsible adults. Those who are most likely to know what is going on are other children or young people
- Children and young people tend not to report being bullied.

Some Indicators that a Child / Young Person Is Being Bullied May Include:

- Bruises, scratches or cuts that the child / young person is not able to explain
- Torn or missing clothing and other belongings
- Anxiety about going to the place where bullying occurs
- Signs of anxiety such as nightmares or headaches
- Unexplained anger at family and close friends
- Depression, sadness, threats or attempts at suicide
- Extra money wanted without a good reason
- Last person to be chosen by peers
- Reluctance to speak in front of others or eliciting snide remarks when they do
- Tendency to be drawn into conflict, but then floundering
- Appearance of unhappiness, distress, withdrawal
- Propensity for being at the centre of fights and being blamed for starting them, even though they may be physically small

Strategies for Dealing with Bullying ¹

- Listen to the victim's point of view
- Stay calm
- Focus on the behaviour
- Establish group behaviour guidelines, including consequences that will encourage a change in behaviour
- Help the bully (and any of their supporters) to understand what it feels like to be bullied, to feel remorse and to agree that it is wrong to bully
- Help the bully and the bullied find other ways to manage situations
- State clearly that it is **NOT OK** to bully
- Address the issue of cyber-bullying proactively and firmly.

Helpful Resource Links

Government Web Pages

www.bullyingnoway.gov.au

www.cybersmart.gov.au

First Response to Bullying

Dr Michael Carr-Gregg has some [tips for students and teachers](#) about their first responses to bullying. You can also download the [What to do if you are being bullied](#) information sheet and talk through the key messages with children / young people. Go to:

<http://education.qld.gov.au/student-services/behaviour/quick-tips.html>
<http://education.qld.gov.au/student-services/behaviour/quick-tips.html>

¹ Team Members Guide, ChildSafe SP3 Safety Management System including Safety Management Online (SMO)

Declining Mental Health & Wellbeing of Children / Young People

The information below is not intended to be used to qualify Team Members / Team Leaders / Ministry Leaders or CRC Ordained Ministers as Mental Health 'experts', but to provide some guidelines for working with young people who exhibit signs of declining mental health, depression, self-harm or thoughts of suicide.

It's important to note there is no single cause of mental health problems, but some things that may contribute include loss and grief, discrimination, alienation from school, violence, abuse and family difficulties. Children / young people (and even their families) may feel a sense of shame or social stigma when they are experiencing mental health problems.

Indicators of a Decline in Mental Health

The following are some indicators of a potential decline in the mental health in children and young people. While not exhaustive, if they last more than a few weeks, it is advisable to refer the young person and their family to seek professional medical, psychological and counselling advice and help.

Indicators of a potential decline in mental health;

- Inability to get along with other children
- Marked fall in school work
- Marked weight gain or loss
- Changes in usual sleeping or eating patterns
- Fearfulness
- Lack of energy or motivation
- Irritability
- Restlessness, fidgeting and trouble concentrating
- Excessive disobedience or aggression
- Crying a lot
- Spending less time with or avoiding their friends
- Feeling hopeless or worthless
- Reluctance to go to school or take part in normal activities
- Use of alcohol and other drugs

Along with supporting a child / young person and their families in seeking professional advice / help, Team Members can also offer much needed relational and practical support by;

- **Assessing the risk of harm to the child / young person or to others:** *young people who are struggling with a diagnosed or undiagnosed mental health illness can be unaware of how their behaviours affect themselves and others. It is important for Team Members to outwork their Duty of Care to all participants.*
- **Listening without judging:** *some young people have a Mental Health Plan in place and have their illness / condition well managed; they may chat about their experience openly. Others find it incredibly difficult to talk about what they are going through. Providing a safe place to talk and share their feelings without feeling stigmatised is vitally important.*

- **Giving reassurance and providing information:** *some young people discuss their inner world when trying to pluck up the courage to take positive steps. A Team Member's affirmation can provide support.*
- **Encouraging Parents/Carers to seek professional help for their child:** *this needs to be done very sensitively as many caregivers will be happy to discuss a Team Member's concerns about their child's mental health, but some may be reactive or dismissive.*
- It is important for Team Members **NOT to assume the role of counsellor unless they are qualified** to act in this capacity.

If children or young people have persistent thoughts about hurting themselves or wanting to die, they need urgent professional help.

Where to Get Help?

In An Emergency Contact:

Emergency Services

Phone - **000**

- **Your Local Hospital Emergency Department**

- Parents / Carers must be kept informed

24-hour, 7 days a week telephone services:

Kids Help Line

Phone - **1800 55 1800** (free call)

Lifeline

Phone - **13 11 14** (for the cost of a local call)

Other Places to Refer for Help Include:

- Child / Young Person's General Practitioner (GP)
- Child's / Young Person's School Counsellor and / or Chaplain
- Local Community Health Centre, and
- Local Mental Health Service
- Your State or Territory Health Department can also help with information on the services available in your area

Children / Young People At Risk of Suicide

Why do suicides happen?²

There is no single explanation why people attempt or complete suicide. Everybody experiences feelings of anger, sadness, humiliation, or helplessness from time to time. We all face challenges and major setbacks at some point in our lives. Each person's emotional make up is unique, and we respond to situations differently. In a nutshell, young people may want relief from the intense emotional pain they are experiencing. When all attempts to communicate their distress are left unheeded and not responded to, a child / young person may give up and may attempt or complete suicide.

For example, a person may want an escape from their perceived failure while at the same time be extremely worried about disappointing family or friends. They may be feeling useless, unloved, or thinking they are just a burden to others; they may be feeling angry or guilty about something they have done. It is important to remember that not all young people who attempt suicide really want to die. They may be desperately trying to get out of a complex situation, or trying to change it in some way.

What are the signs to look out for?³

Eighty percent of people who commit suicide give warning signs. It is therefore important that Team Members are able to recognise the signs of emotional distress of a child / young person so that timely intervention can be provided.

These signs may include;

- Sudden changes in behaviour and attitude
- Beginning or increasing drug and / or alcohol use
- Self-inflicted wounds (cigarette burns, cuts, etc.)
- Hint of suicidal intent such as *'I'd like to go to sleep and never wake up'* or *'I don't want to live anymore'* or *'I hate my life'*
- Giving away possessions
- Making unusual or disturbing statements in Social Media
- Making, buying stuff or producing images / artwork with a recurring theme of death
- The presence of risk factors (listed next page)

² Kids Helpline: www.kidshelpline.com.au/grownups/

³ www.health.gov.au

What are risk factors? ⁴

People often think a particular incident '*causes*' suicide, but the reality is, suicide can happen for a combination of reasons. Often these issues have been going on in a young person's life for some time.

Kids Helpline has found that callers may be at risk of suicide if they are experiencing one or more of the following factors;

- Mental health issues (including untreated or undiagnosed depression)
- High level of drug and / or alcohol use
- Low self-esteem
- Feelings of isolation and disconnectedness
- Violence and / or abuse (either current or in the past)
- Unresolved trauma
- Easy access to firearms, drugs, and other potential means for self-harming
- Events which include any serious loss, distress or embarrassment such as:
 - Loss through death, divorce or moving house
 - Relationship conflict or breakdown
 - Perceived failure in education or work (including chronic unemployment)
 - Bullying
 - Being in trouble with Judicial Authorities (or incarceration)
 - Serious illness or sudden disability
 - Unplanned pregnancy
- Deliberate self-harm or suicide attempts
- Family history of suicide or family members exhibiting suicidal behaviours
- Feeling stigmatised by others due to the presence of mental health issues

The effects of suicide can be far reaching. Family members, friends, school mates, work colleagues and people who identify with the person who has taken their own life may experience significant personal, social and financial impacts. People who are bereaved by suicide may experience a decline in their own physical health, develop mental health issues and may also become at risk of suicide themselves. Anyone experiencing the suicide of a loved one may need to seek help and support.

Protective factors ⁵

Even though the presence of risk factors may increase the vulnerability of a young person in relation to suicide, the extent of their impact depends in part on the presence of protective factors.

Protective factors can safeguard a young person against suicide despite the presence of distressing events or situations in their lives, and include:

- Caring and supportive family, carers and friends
- A sense of connection and responsibility to family, friends and other people

⁴ Kids Helpline: www.kidshelpline.com.au/grownups/

⁵ Kids Helpline: www.kidshelpline.com.au/grownups/

- Access to support networks
- Positive self-esteem
- Effective help-seeking and communication skills
- Early identification and appropriate treatment of physical and/or mental health issues
- Addressing substance use issues
- Knowledge and willingness to implement personal safety strategies
- Safe home environment (reduced access to potential means of self-harm)
- Positive school and / or workplace experience (if the young person is a student and / or employed)

What can Team Members do?

Young people who contemplate suicide often feel disconnected from everyone around them. A Team Member's support can help reduce their sense of isolation and desperation. If a Team Member believes a child / young person is having unsafe thoughts or is showing signs of emotional distress it is important for them to reach out and start a conversation about what is going on for that child/young person. There is no easy way to start this conversation, but it is really important that we do so.

Some Tips on How To Start a Conversation About Suicide With a Child / Young Person You Are Concerned About:

Team Members Can Begin With:

'You look a bit down today, I'm wondering how you are doing?'

'I may not understand exactly how you feel, but I care and I'm willing to help.'

'If there's something that's been bothering you, feel free to talk to me.'

Team Members Can Also Ask:

'I've been worried about you lately, is everything okay?'

'Did something happen that upset you?'

'Is there anything that I can do to help?'

Other Useful Strategies for Helping a Child /Young Person Stay Safe:

- Support Parents/Carers and or child/young person with getting medical assistance as soon as possible: *if circumstances allow, it is advisable that Parents / Carers accompany their child to the doctor. This can provide an opportunity for them to ask questions and clarify things.*
- Be aware of your own feelings and reactions: *it is crucial to remain calm and supportive, and not ignore the issue. Taking a child / young person's words seriously may help them feel supported and reduce their feelings of isolation or rejection.*

- Encourage Parents / Carers to maintain a safe home environment and remove access to any means of suicide: such as drugs and alcohol, firearms and other potential devices for self-harming
- Encourage a child / young person to seek help whenever they feel unsafe: emphasise the importance of communicating and sharing with Parents / Carers, yourself or any other trusted friends and significant grownups in their lives. You may also encourage them to contact Kids Helpline or other reputable counselling services. (This Booklet, page 6)
- Encourage Parents / Carers and young person to ask their Doctor for a mental health care plan: try to involve the school (and / or the workplace when applicable) so they know what to do in an emergency situation and to help prevent relapse. It is crucial that all possible support is enlisted to help a young person stay safe.
- Continue being observant: look out for signs that might indicate distress or further thoughts of suicide. If a child / young person is recovering from depression, follow up to see how they are going and check if additional help is needed. If the young person appears to have an immediate intention to suicide, contact Emergency Services as soon as possible.

Lastly, Team Members may need to seek support themselves to help them through this time. Team Leaders / Ministry Leaders and Senior Pastors should make themselves available to Team Members who are supporting children or young people at risk of suicide by offering support, resources, opportunities to debrief or referring them for counselling as appropriate.

Something to Remember

A young person contemplating suicide often has conflicting feelings about whether or not they really want to die. This means that there is always an opportunity that they may change their minds if they receive timely and appropriate support.