

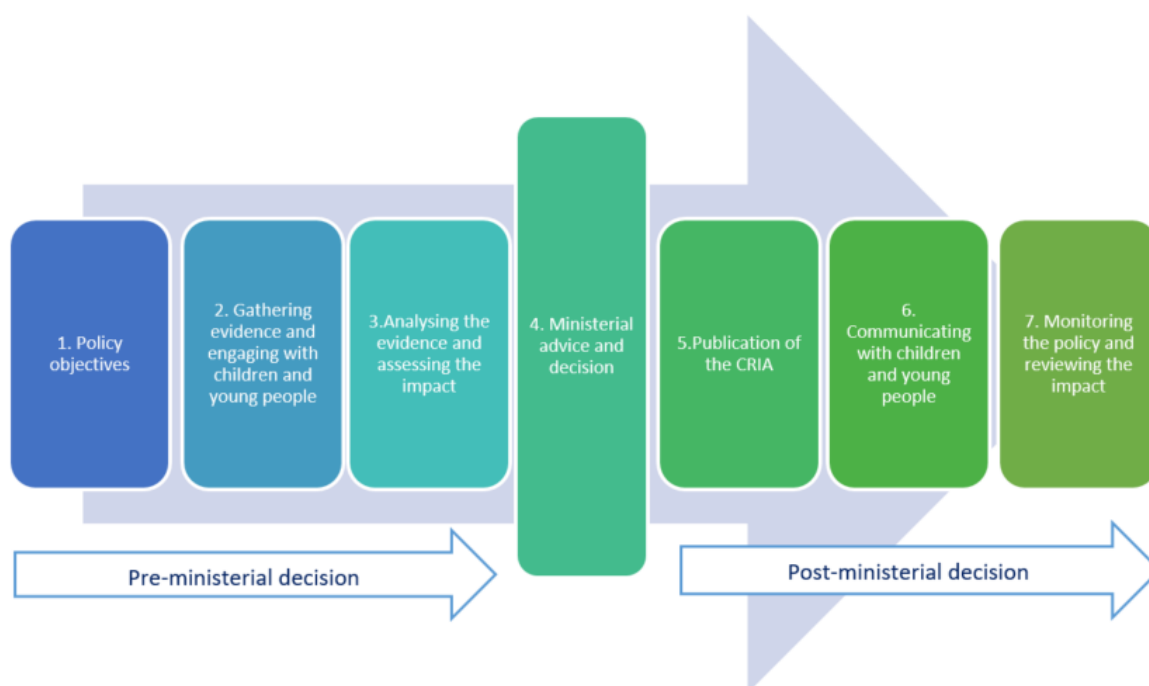
Children's Rights Impact Assessment

All completed Children's Rights Impact Assessments must be sent to the CRIA@gov.wales mailbox

The Rights of Children and Young Persons (Wales) Measure 2011 places a duty on the Welsh Ministers to pay due regard to the United Nations Convention on the Rights of the Child (UNCRC) and its Optional Protocols when exercising any of their functions.

The CRIA process is the agreed mechanism officials should use to support Ministers to meet this duty and ensure they give balanced consideration to children's rights in their decision making. A CRIA should be used to inform ministerial advice and must be completed prior to a ministerial decision being made. Once a decision has been reached, your CRIA must also be published.

Please note we have an established Children's Rights Advisory Group (CRAG), comprising the Children's Commissioner for Wales's office, UNICEF, the Wales Observatory on Human Rights of Children and Young People, and Children in Wales, who can be used to discuss or test your draft CRIA. Please contact the Children's Branch CRIA@gov.wales for further information.



For further advice and guidance on the CRIA process, please consult the Children's Rights Manual for Staff or contact the Children's Branch CRIA@gov.wales

1. Policy objectives

- What decision are you impact assessing?

The publication of *Understanding*, the new Suicide Prevention and Self-Harm Strategy for Wales, the successor to the Welsh Government's previous ten-year strategy - named Talk to me 2, Suicide and Self-Harm Prevention Strategy for Wales. This strategy is separate but connected to our new Mental Health and Wellbeing Strategy. It is connected because having a mental health issue is a risk factor for suicide and self-harm. However, a separate strategy for suicide and self-harm in Wales recognises that the majority of those who die by suicide are not identified as having a diagnosed mental health condition.

Understanding, the Suicide Prevention and Self-harm Strategy aims to reduce the number and rates of suicide deaths that have endured over recent years. It also aims to establish a pathway to support people who self-harm and to improve support for those bereaved by suicide.

We have taken an all-age approach to develop this strategy to ensure we have a system which will support everyone, and which promotes better integration between services. Throughout this strategy, when we say "people" we are talking about all ages including babies, children, young people and older people.

This impact assessment solely focusses on suicide and self-harm. Wider mental health has been considered in the Mental Health Children's Rights Impact Assessments as part of the new Mental Health and Wellbeing Strategy.

2. Gathering evidence and engaging with children and young people (CYP)

- What existing research and data on children and young people is available to inform your specific policy? Your policy objective may impact on other policy areas – discussions with other policy teams will be an important part of the impact assessment process ensuring you have gathered a range of information and evidence.

Evidence identified through a rapid literature review conducted by Officials in Knowledge and Analytical Services found:

- Self-harm is particularly common among young people, with 24 per cent of 17-year-olds reporting having self-harmed in the past year¹.
- Self-harm is the second leading cause of death in the 15- to 19-year-old population.²
- Girls account for the majority of self-harm incidents³. They were also more likely than boys to be admitted to hospital after attending emergency departments for self-harm. This was true even for those aged under 16, for whom clinical guidance always recommends admission for a full risk assessment.

¹ <https://www.ncb.org.uk/about-us/media-centre/news-opinion/one-six-report-severe-mental-health-difficulties-age-17>

² Guidance - Key Topics - Public Health Wales (nhs.wales)

³ [Safety in the Children and Young People Secure Estate: Update to September 2023 - GOV.UK](#)

- School exclusions, or persistent absence from school, could be indicators of current or future self-harm as well as poor mental health.
- The risk factors for people who self-harm are consistent with other safeguarding risks such as child abuse and neglect, intimate partner violence and sexual exploitation.⁴ Other risk factors include having an eating disorder,⁵ links with other mental health conditions and contact with the justice system.
- Suicide was the leading cause of death for males and females aged between five to 34 in 2019⁶.
- Nearly half of 17–19-year-olds with a diagnosable mental health disorder have self-harmed or attempted suicide at some point, rising to 52.7per cent for young women⁷.

Risk factors for suicide and self-harm in CYP

Online harm

- 26per cent of suicide cases in under 20s had suicide related search history⁸.
- Similarly, amongst a sample of child and adolescent patients presenting to hospital following self-harm, 26per cent had accessed suicide and self-harm-related internet content. Suicide and self-harm-related internet use was associated with higher levels of suicidal intent⁹.
- Evidence has highlighted three possible risk factors of suicide and self-harm associated with young people's use of social media: exposure to suicide and self-harm content within online spaces¹⁰, heavy and problematic social media use¹¹ and experiences of cybervictimisation¹².

Poverty

- A known risk factor for self-harming behaviour in adolescence and young adulthood is low childhood income^{13 14}, due to, for example, poverty-related stress in parents, increased risk of adverse childhood experiences (ACEs) and a lack of adequate coping strategies. However, over the past decade there have been increasing incidences of self-harm in more affluent areas.
- Young people from more disadvantaged families, in the lowest 40per cent of the income distribution, were twice as likely to report having attempted suicide

⁴ Guidance - Key Topics - Public Health Wales (nhs.wales)

⁵ Clinical management and mortality risk in those with eating disorders and self-harm: e-cohort study using the SAIL databank - PMC (nih.gov)

⁶ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2019#leading-causes-of-death>

⁷ NHS Digital (2018) 'Mental Health of Children and Young People in England, 2017'. Based on 46.8% of 17 to 19-year-olds that were identified as having a diagnosable mental health condition reporting that they had harmed themselves or tried to kill themselves at some point

⁸ [Suicide-related internet use among mental health patients who died by suicide in the UK: a national clinical survey with case-control analysis - The Lancet Regional Health – Europe](#)

⁹ [Suicide and Self-Harm Related Internet Use: A Cross-Sectional Study and Clinician Focus Groups - PMC](#)

¹⁰ A Systematic Review of Social Media Use to Discuss and View Deliberate Self-Harm Acts | PLOS ONE

¹¹ A nationwide study on time spent on social media and self-harm among adolescents | Scientific Reports (nature.com)

¹² Social media use and deliberate self-harm among youth: A systematized narrative review - ScienceDirect

¹³ [Socioeconomic position and self-harm among adolescents: a population-based cohort study in Stockholm, Sweden | Child and Adolescent Psychiatry and Mental Health | Full Text](#)

¹⁴ [Parental socio-economic position during childhood as a determinant of self-harm in adolescence - PubMed](#)

compared to their more advantaged counterparts. The proportion experiencing psychological distress was also higher among those from lower income families¹⁵.

Bullying, victimisation and discrimination

- Children who are bullied in childhood are up to three times more likely to self-harm by the age of 12.
- Exposure to bullying behaviour is associated with increased risk for experiencing suicidal thoughts and behaviours¹⁶.
- Additionally, experiences of identity-based discrimination are associated with increased risk of suicide¹⁷. For example, more than half of LGBT pupils in Wales (54 per cent) – including 73 per cent of transgender pupils – are bullied for being LGBT at school, which is a further risk factor for suicide. Two in five transgender, non-binary or gender questioning children and young people (41 per cent) reported to have at some point attempted to take their own life. For lesbian, gay and bi pupils who are not transgender, one in four (25 per cent) have tried to take their own life¹⁸.

Additional learning needs/neurodiversity

- Autistic children are 28 times more likely to attempt suicide.
- One study showed that 15per cent of autistic children had suicidal thoughts compared to 0.5per cent of typically developing children¹⁹.
- With regard to self-harm, one study found that 241 participants with autism spectrum disorders, aged 2-19 years old (52.3per cent of study participants), had a lifetime history of self-injury²⁰.
- Whilst the links between other neurodivergence umbrella categories (e.g., dyslexia or dyspraxia) and self-harm have received less research attention, it has been suggested that dyslexic individuals may be more inclined to use self-harm as a coping mechanism for emotional distress²¹.

Ethnic minority groups

- Some evidence suggests that minority ethnic children and adolescents account for an increased proportion of self-harm presentations to hospital over time compared with white ethnic groups. Minority ethnic groups also tend to be more socioeconomically disadvantaged and less likely to receive a psychosocial assessment^{22 23}.

¹⁵ [High levels of serious mental health difficulties among 17-year-olds | CLS](#)

¹⁶ [Understanding the associations between bullying, suicide, and self-harm.](#)

¹⁷ [Addressing Discrimination Supports Youth Suicide Prevention Efforts - Child Trends – ChildTrends](#)

¹⁸ School Report Cymru (2017) | Cymru (stonewallcymru.org.uk)

¹⁹ Autistica, *Personal Tragedies, Public Crisis: The urgent need for a national response to early death in autism*

²⁰ (PDF) Risk Factors Associated with Self-Injurious Behaviors in Children and Adolescents with Autism Spectrum Disorders ([researchgate.net](#))

²¹ Alexander-Passe N. Dyslexia: Investigating Self-Harm and Suicidal Thoughts/Attempts as a Coping Strategy. J Psychol Psychother. 2015;5:6.

²² [Self-harm in children and adolescents by ethnic group: an observational cohort study from the Multicentre Study of Self-Harm in England - The Lancet Child & Adolescent Health](#)

²³ [Ethnic differences in self-harm, rates, characteristics and service provision: three-city cohort study - PubMed](#)

- However, other research has demonstrated that self-harm is more prevalent among white teenagers, compared to young people from other ethnic groups. Rates of self-harm with suicidal intent have been found to be similar across all ethnic groups²⁴.

Young carers

- Research carried out by the Me-We Young Carers project²⁵ found that 14per cent of all adolescent young carers in the Europe-wide sample said they had thought about harming themselves because of their caring role. But in the UK the figure doubled to 28per cent.
- 36per cent of young carers surveyed across six countries said their mental health had deteriorated as a result of their caring responsibilities. But in the UK alone this figure rose to 56per cent.

Care experienced children and young people

- Research suggests that children who have experience of care are more likely to hurt themselves and are also at greater risk of both attempted and completed suicide than their peers ²⁶, due to both their adverse backgrounds and circumstances of living in care^{27 28}.

Specific risk factors for young people in tertiary education

- Increases in self-harm and suicide during exam periods have been reported, possibly reflecting periods of increased stress during the academic year²⁹.
- Life changes, such as the transition from school to higher education and living independently, may exacerbate mental health problems and self-harm³⁰.
- Poor mental health outcomes in students are associated with loneliness, social isolation, poor study/social life balance, experimenting with drugs and alcohol, and challenging financial circumstances³¹.
- A further study showed that self-harm and mental health conditions increased more among university students than non-students³².

Additional risk factors for suicide and self-harm amongst CYP include:

²⁴ [High levels of serious mental health difficulties among 17-year-olds | CLS](#)

²⁵ [New research shows three in ten adult UK carers think about self-harming - News & Media - Latest News, Views & Opinions | Carers Trust](#)

²⁶ [Former Stockholm child protection cases as young adults: Do outcomes differ between those that received services and those that did not? - ScienceDirect](#)

²⁷ [Comparison of suicidal ideation, suicide attempt and suicide in children and young people in care and non-care populations: Systematic review and meta-analysis of prevalence - ScienceDirect](#)

²⁸ [Understanding suicide and self-harm amongst children in care and care leavers | Iriss](#)

²⁹ [The incidence of suicide in University students in England and Wales 2000/2001–2016/2017: Record linkage study - ScienceDirect](#)

³⁰ [“Not Always Smooth Sailing”: Mental Health Issues Associated with the Transition from High School to College: Issues in Mental Health Nursing: Vol 32 , No 4 - Get Access](#)

³¹ [Self-harm in university students: A comparative analysis of data from the Multicentre Study of Self-harm in England - ScienceDirect](#)

³² [Trends in incidence of self-harm, neurodevelopmental and mental health conditions among university students compared with the general population: nationwide electronic data linkage study in Wales | The British Journal of Psychiatry | Cambridge Core](#)

- Premenstrual dysphoric disorder (PMDD)
- Disability and chronic physical health conditions
- Homelessness
- Substance use
- Involvement with the criminal justice system.

The risk factors identified via the evidence review, led us to arrange a series of workshops and meetings with policy colleagues whose policies and strategies could contribute towards the prevention of suicide and self-harm. For example, links have been made with officials leading on the new Child Poverty Strategy for Wales and the challenging bullying guidance. Discussions during workshops and meetings have enabled others to consider the impact of their policies and strategies on suicide and self-harm risk, and us to consider the impact of our strategy on theirs.

We also conducted workshops with external stakeholders, including third sector organisations; academics; and representatives from the national suicide and self-harm prevention programme based in the NHS Wales Executive, during which extensive conversations took place around the definitions of suicide and self-harm and their impacts.

- Using this research, how do you anticipate your policy will affect different groups³³ of children and young people, both positively and negatively? Please remember policies focused on adults can impact children and young people too.

Based on the evidence, we know that suicide and self-harm have a range of underlying contributing factors (also known as ‘risk factors’). Risk factors include interpersonal factors (e.g., low perceived social support, peer victimisation, a history of trauma or abuse, relationship breakdown^{34 35}), psychological factors (e.g., negative affectivity³⁶, emotional dysregulation³⁷) and health factors (e.g., severe and enduring mental health conditions³⁸, chronic physical health conditions across the life course³⁹).

³³ You may, for instance, consider how your policy would affect the following groups of children and young people differently: early years, primary, secondary, young adults; children with additional learning needs; disabled children; children living in poverty; Black, Asian and minority ethnic children; Gypsies, Roma and Travellers; migrants; asylum seekers; refugees; Welsh-language speakers; care experienced children; LGBTQ+ children. Please note that this is a non-exhaustive list and within these cohorts there will not be one homogenous experience.

³⁴ [The Relationship Between Bullying Victimization and Perpetration and Non-suicidal Self-injury: A Systematic Review | Child Psychiatry & Human Development](#)

³⁵ [Suicide, Self-Harm, & Traumatic Stress Exposure: A Trauma-Informed Approach to the Evaluation and Management of Suicide Risk: Evidence-Based Practice in Child and Adolescent Mental Health: Vol 5, No 4](#)

³⁶ [Negative affectivity and disinhibition as moderators of an interpersonal pathway to suicidal behavior in borderline personality disorder - PMC](#)

³⁷ [Emotion Dysregulation and Non-Suicidal Self-Injury: A Systematic Review and Meta-Analysis - PMC](#)

³⁸ [Self-harm and life problems: findings from the Multicentre Study of Self-harm in England | Social Psychiatry and Psychiatric Epidemiology](#)

³⁹ [Major Physical Health Conditions and Risk of Suicide - PMC](#)

We also know that suicide and self-harm prevalence is associated with sociodemographic inequalities^{40 41 42}. Examples include living in poverty, a person's ethnicity, age, gender or sexual orientation. Consequently, there will be groups of people who will be at greater risk of suicide and self-harm than others; this includes children and young people. While this strategy takes an all-age, population approach to the prevention of suicide and self-harm, to mitigate against any potential negative impacts, the strategy also ensures that support is specifically tailored and targeted towards some populations. This will ensure equitable access to person-centred support for suicide and self-harm across all population groups, including children and young people of all ages, from all backgrounds, with varying levels and requirements of support.

- What participatory work with children and young people have you used to inform your policy? If you have not engaged with children and young people, please explain why.⁴³

During the summer of 2023, Welsh Government carried out pre-consultation engagement on the proposed draft Vision Statements for the new Mental Health and Wellbeing and (then called) Suicide and Self-Harm Prevention Strategies and supporting principles; an online survey was issued and a focus group run with the National Youth Stakeholder Group⁴⁴, including 8 young people with lived experience of mental health, facilitated by Young Wales.

Mind Cymru also ran young people engagement work which informed the drafting of the strategy. The group highlighted the need to reduce waiting times in accessing support, but to also provide support for those who are waiting. Therapy should be person centred with the individual having a choice as to what would work for them and access to appropriate crisis care for children and young people needs to be improved. This feedback was considered across both *Understanding*, the Suicide Prevention and Self-Harm Strategy and the Mental Health and Wellbeing Strategy.

As part of the formal consultation process for the draft (then called) Suicide and Self-harm Prevention Strategy, the Co-Production Lab were commissioned to undertake bespoke and targeted engagement with children and young people. Twenty-eight children and young people, aged between 7 and 25, were engaged in focus groups. A number of the themes were identified through the analysis of the consultation responses, including:

- Gaps in provision need to be addressed so that support is provided for CYP when they need it and before they reach crisis point.

⁴⁰ [Sociodemographic inequalities of suicide: a population-based cohort study of adults in England and Wales 2011–21 | European Journal of Public Health | Oxford Academic](#)

⁴¹ [Socioeconomic disadvantage and suicidal behaviour bilingual.pdf](#)

⁴² [Socio-economic disparities in patients who present to hospital for self-harm: patients' characteristics and problems in the Multicentre Study of Self-harm in England - PubMed](#)

⁴³ Article 12 of the UNCRC stipulates that children have a right to express their views, particularly when adults are making decisions that affect them, and to have their opinions taken into account.

⁴⁴ The National Youth Stakeholders Group is for young people aged 14-25 with lived experience or a special interest in relation to mental health and wellbeing. The group aims to address mental health issues shared by young people and review mental health and wellbeing initiatives by Welsh Government.

- Self-harm is seen as something people are punished for, so CYP are afraid and less likely to report it. We need to reduce stigma.
- CYP would utilise support wherever it was provided. This includes schools, youth and community clubs, sports, universities and leisure settings.
- People working with CYP need training to ensure they know how to talk to CYP about suicide and self-harm.
- Schools need to be able to appropriately support pupils after a death by suicide.
- New laws, better trigger warnings and more safeguarding against hate and abuse online are required.

The Welsh Government produced a CYP version of the Strategy for consultation but did not publish it for open access based on advice from experts who raised safeguarding concerns. The reasons for not publishing were clearly displayed on the webpages as was the process for requesting a CYP copy. Only a small number of requests were received. They were vetted and upon issue the Strategy would be accompanied by notes about safeguarding.

The aforementioned targeted engagement also enabled safeguarding to be introduced into the sessions in terms of the use of materials and access to support if needed.

Understanding, the Suicide Prevention and Self-harm Strategy has introduced specific reference to the links between issues in school and suicide and self-harm such as bullying, exclusions and absence. It also recognises the links with wider mental health support in school provided by school counselling and CAMHS in-reach. The strategy also has a cross-cutting principle of being person-centred with an emphasis on the involvement of those with lived/living experience. This theme is consistently referenced in objectives 3, 4, 5 and 6 of the strategy and we have ensured that it has fed into the actions within the accompanying delivery plan.

For advice on participatory work with children and young people, please contact the Children's Branch. We have an established relationship with Children in Wales, who may be able to help you work with children and young people through their Young Wales programme.

3. Analysing the evidence and assessing the impact

- Using the evidence you have gathered what impact is your policy likely to have on children and young people? What steps will you take to mitigate and/or reduce any negative effects?

Evidence gathered via our workshops with external stakeholders highlighted the need for our definition of self-harm to be consistent with the NICE guidelines. In

this definition self-harm includes suicide attempts as well as acts involving little or no suicidal intent. Children and young people who self-harm without suicidal intent, may think this definition is too broad. They may think it doesn't represent them and result in them feeling misunderstood. Although we recognise that self-harm is different from suicide, those who self-harm are at a significantly greater risk of attempting suicide. Additionally, we know that many children and young people who self-harm with suicidal intent are not taken seriously. Trying to distinguish between suicide attempts and self-harm at this stage could further compound this and have a negative impact on CYP. We want to ensure everyone is provided with appropriate, effective person-centred support regardless of intent at that point in time. Taking this approach will have a positive impact on CYP.

That being said, through the lifetime of the strategy we will take forward actions which aim to better differentiate between suicide attempts and self-harm to improve our understanding of this complex relationship. Improving our understanding will enable us to further develop appropriate person-centred care and support, having an additional positive impact on CYP.

Conversely, other children and young people may think the definition of self-harm is too narrow, as it fails to acknowledge other health-harming behaviours, such as harmful eating, smoking, alcohol use, substance use and risky sexual behaviours. Children and young people who use other health-harming behaviours to intentionally self-harm, may think that this definition doesn't represent them and result in them feeling misunderstood. We know that self-harm and other health harming behaviours often share similar underlying risk factors and consequently, behaviours and motivations can become blurred. We will work with services who offer support to people with other health harming behaviours to share learning and ensure that holistic support is provided to avoid people being passed between services – consistent with a no wrong door approach to mental health and wellbeing.

Using the literature identified through the rapid evidence review, we know some groups of people are at a greater risk of suicide and self-harm than others. One of these groups is children and young people. This strategy aims to provide tailored and targeted support for children and young people, via the settings with which they're most engaged, to ensure it has a positive impact on CYP.

Potential delivery plan actions that we'll explore through the delivery of the strategy include:

- How we can best support those who respond to children and young people affected by self-harm and suicide.
- Continued working with other policy areas to tackle some of the issues specifically related to children and young people including work on bullying, the Child Poverty Strategy, online safety regulations, the Carers Strategy and the work of the Disability Rights Taskforce.
- Scoping the possibility of a Mental Health liaison service for Further Education students and staff.

- Continuing to work with the UK Government on the Online Safety Act provisions to criminalise the assisting or encouraging of self-harm online.
- Working collaboratively with the mental health policy team to ensure that support for suicide and self-harm is included in the CAMHS Service Specification.
- Raising awareness of suicide and self-harm in both staff and students in secondary education settings through the Whole School Approach to Emotional and Mental Wellbeing.
- Developing a self-harm pathway in Primary Care (this will be inclusive of CYP).
- Continuing to expand the National Advisory Liaison Service (NALS) to meet the needs of people bereaved by suicide and offer postvention support (this is inclusive of children and young people).
- Developing a Self-Harm Quality Statement (which will be applicable to CYP).

Finally, Welsh Government has considered the challenging nature of the topic and recognises that this may trigger an emotional response from readers, including the risk of secondary trauma. To mitigate this, appropriate safeguarding measures will be put in place; we will use appropriate and compassionate language throughout the strategy and ensure that signposting to support services is included at the forefront of the strategy. Any focussed engagement sessions with CYP will be facilitated by specialist providers. This approach will be repeated for any subsequent materials developed for CYP relating to suicide and self-harm.

We recognise that the issues and evidence relating to the needs of children and young people will change over the course of the delivery of the Strategy. The Strategy recognises that children have a right to be healthy, happy and safe and by embedding this within the core principles of the strategy commits us to having considered this at every stage of delivery.

Concluding observations on the combined sixth and seventh periodic reports of the United Kingdom of Great Britain and Northern Ireland

There are UN Concluding Observations closely linked to this area of work [g2311277.pdf](#).

The relevant sections and the response to them are:

- **Right to life, survival and development (para 22, c)** – The strategy contributes to this recommendation by providing support for children and young people wherever they present in the system. Objective 3 means that they can access support from anyone, including family, friends and/or carers. Objective 4 aims to ensure that relevant support (including primary care, mental health, urgent and emergency care, and third sector services) is available to children who are self-harming or have suicidal ideation, and/or for those who are supporting them. Objective 5 recognises that other services where children who

are vulnerable may present, including social care or custodial settings, are equipped with the information and resources to identify self-harm and suicidal ideation and offer support to those in need.

- **Mental Health (para42)** – Improvements to mental health services will be delivered through the Mental Health and Wellbeing Strategy. Objective 4 of the Strategy sets out how the Strategic Programme for mental health will reflect the needs of those with self-harm and/or suicidal ideation.

General Comments published by the UN Committee on the Rights of the Child

There are General Comments published by the UN Committee on the Rights of the Child. Suggest you consider these: the relevant comments and the response is provided below:

4 - The Protection of the Rights of All Migrant Workers and Members of Their Families – The main issue considered in relation to this comment is about providing migrant populations with equality of access and outcomes. The issue of language is particularly important in mental health care as the dialogue between clients and practitioners is central to both diagnostic assessment and treatment⁴⁵. Language barriers have also been found to interfere with the development of a therapeutic relationship between the client and practitioner. The few existing studies on mental health and language barriers have consistently shown that members of linguistic minorities make less use of mental health services than the dominant groups, for comparable levels of distress^{46 47}. Involving untrained interpreters or family members has been found to be problematic due to misinterpretation and confidentiality issues⁴⁸. The strategy recognises that ‘receiving treatment in one’s preferred language is particularly important for those requiring support for suicide and self-harm because much of the assessment and treatment relies on direct communication rather than objective tests or medication’ and the principles and objectives embed that through the provision of ‘person centred’ support, people should be able to access ‘culturally competent’ services.

13 - The right of the child to freedom from all forms of violence – This impact assessment recognises a number of issues linked to violence including abuse, neglect and bullying. Objective 1 will allow us to further explore and understand these issues. Objective 2 allows us to work with other government

⁴⁵ Language_Barriers_in_Mental_Health_Care_20160122-10012-p3kp6y-libre.pdf (d1wqtxts1xzle7.cloudfront.net)

⁴⁶ Laher N, Sultana A, Aery A, Kumar N. Access to language interpretation services and its impact on clinical and patients outcomes: a scoping review. Toronto: Wellesley Institute: Advancing Urban Health; 2018. p. 1–78.

⁴⁷ Delara M. Social determinants of immigrant women’s mental health. Adv Public Health. 2016;2016:1–11. <https://doi.org/10.1155/2016/9730162>.

⁴⁸ Impacts of English language proficiency on healthcare access, use, and outcomes among immigrants: a qualitative study | BMC Health Services Research | Full Text (biomedcentral.com)

departments to tackle these issues and objectives 3, 4 and 5 will ensure that support is available for people wherever the present.

15 - The right of the child to the enjoyment of the highest attainable standard of health – both physical and mental health are identified as risk factors for self-harm and suicide. Objective 4 focusses on enhancing the support available for people in relevant services, including health settings.

20 - The implementation of the rights of the child during adolescence – this is an all-age strategy which has explored the issues for people across the life course. Table 1 identifies specific issues for adolescents and young adults including, puberty, sexuality, exam pressures, work pressures, transitions between services, relationships, moving home and independent living.

21 - Children in street situations – the Strategy has a focus on providing equality of access and outcomes for everyone and providing person-centre support. This would include children in street situations. The objectives in the strategy provide for a better understanding of the specific issues facing children in street situations and ensuring that support is available to them wherever the present.

The link to the General Comments is here:

tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=5&DocTypeID=11

- How does your proposal enhance or challenge children's rights, as stipulated by the UNCRC articles and its Optional Protocols? Please refer to the articles to see which ones apply to your own policy.

UNCRC Articles or Optional Protocol: Enhances or Challenges?

Article 2 (no discrimination): All children under 18 should enjoy all the rights set out in the UNCRC without discrimination, including those with mental health conditions.

Enhances: As an all-age strategy there are two points under Article 2. 1) specific efforts need to be made to make sure children and young people (CYP) can access their rights, as without support they are less likely to be able to, compared to adults; sections specific to addressing the needs of CYP in the strategy acknowledges this, and 2) there are specific groups of CYP who require extra, and more targeted support, so that their rights can be realised. Having sections of the strategy that recognise that some groups of children are more disposed to suicide and self-harm, e.g. young carers and objectives that address this, will mitigate any negative impacts in relation to Article 2.

Article 3: All organisations concerned with children should work towards what is best for each child.

Enhances: Multi-sectoral collaboration and a person-centred approach are key principles which run through the strategy. This is evident in Objective 2, which aims to deliver cross-Government and cross-sectoral action which collectively tackles the drivers of suicide and self-harm; and reduces access to means of suicide. This makes a connection with the Mental Health and Wellbeing Strategy which has the NYTH/NEST (no wrong door) principles running through it. Objective 4, aims to deliver timely, compassionate and person-centred intervention and treatment to those who self-harm or have suicidal ideation through relevant service settings; and Objective 5 seeks to increase awareness, knowledge and skills amongst agencies who support people with challenges that increase their risk of suicide and self-harm, so that they can identify risk and work with partner agencies to offer holistic, person-centred and compassionate support.

Article 5: Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly.

Enhances: As part of this strategy, we aim to upskill staff who work with CYP and parents/carers to be better able to respond to any issues they raise around suicide and self-harm. Through this strategy we will encourage both professionals and parents/carers to take a compassionate, person-centred and trauma-informed approach to suicide and self-harm.

The delivery of the strategy in-itself will have the benefit of raising awareness of children's rights, particularly in relation to Article 24.

Article 6 (Life, survival and development): All children have the right of life. Governments should ensure that children survive and develop healthily.

Enhances: The strategy is focussed on preserving life through the prevention of suicide. In combination with the Mental Health and Wellbeing Strategy it also seeks to promote good health, both through the prevention and treatment of mental health conditions, but also by tackling the wider determinants that contribute to suicide and self-harm. Awareness raising of suicide and self-harm is also important for CYP, as they may encounter people who self-harm or have suicidal ideation. Awareness raising will reduce stigma and provide CYP with the knowledge and confidence to respond to someone in distress.

Article 9: Children should not be separated from their parents unless they are not being properly looked after – for example, if a parent hurts or does not take care of a child. Children whose parents don't live together should stay in contact with both parents unless this might harm the child.

Enhances: Child abuse and neglect are referenced as risk factors for suicide and self-harm. Being in care or being care experienced are also recognised as risk factors for children and young people. The strategy aims to ensure that we better

understand the issues facing children who are affected by domestic issues such as abuse and/or neglect, to prevent it and to ensure that support is available for children and young people wherever the present.

Article 12: Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.

Enhances: The strategy supports the vision outlined in A Healthier Wales with its focus on integrated, person-centred care, which is delivered in a way that has been informed by service users and carers. We have consulted with the National Youth Stakeholder Group; undertaken bespoke engagement to gather the views of CYP on the draft strategy; and will continue to engage with CYP in relation to the actions we take forward as part of this strategy.

The strategy has a strong focus on involving those with lived experience, engaging in co-production and ensuring person-centred care. The all-age approach has identified specific issues which CYP are facing; we will target efforts to include CYP in conversations about how we address those issues through policy and delivery.

Article 13: Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.

Enhances: As part of strategy consultation process, we actively engaged CYP and a CYP version of both the Strategies and Delivery Plans has been produced and is available on request. The Strategy specifically references the UNCRC and those issues which affect CYP. This collectively empowers CYP to both understand and engage in the development and delivery of policy and actions moving forward.

Article 17: Children have the right to reliable information from the mass media. Television, radio and newspapers should provide information that children can understand and should not promote materials that could harm children.

Enhances: Objective 2 of the strategy commits to continuing to work collaboratively with UK Government to enhance online safety. This builds on the work already underway through the Online Safety Act and the Criminal Justice Bill which seeks to place legal obligations on online providers to prevent the promotion and assistance of 'serious self-harm' (including suicide). The Online Safety Act includes specific provision to enhance online safety for CYP. Objective 2 also aims to ensure responsible media reporting on self-harm and suicide. The strategy directs the audience to the Samaritans' guidelines which includes specific references to CYP by, for example, recognising that they may be more susceptible to suicide contagion.

The strategy itself recognises the need for information to be made available in different formats for different audiences. Information developed as part of the implementation of the strategy will have regard to its audience.

A CYP version and an accessible version of the strategy will be developed alongside the strategy and made available upon request.

Article 19: Governments must protect children from violence, abuse and being neglected by anyone who looks after them.

Enhances: This impact assessment recognises several issues linked to violence including abuse, neglect and bullying. Objective 1 will allow us to further explore and understand these issues. Objective 2 allows us to work with other government departments to tackle these issues and objectives 3, 4 and 5 will ensure that support is available for people wherever the present.

Article 23: Children who have any kind of disability should have special care and support so that they can lead full and independent lives.

Enhances: The strategy specifically recognises people with disabilities (inc. children and young people) as a vulnerable group. Objective 5 commits the Welsh Government to increase the awareness, knowledge and skills amongst agencies who support people with challenges that increase their risk of suicide and self-harm so that they can identify risk and work with partner agencies to offer holistic, person-centred and compassionate support. Agencies in this instance include, but are not limited to, neurodevelopmental and learning disability services; social care services; financial services; educational settings; and healthcare settings, including physiotherapists, speech and language therapists and occupational therapists.

Article 24 (health, water, food and environment): Children have the right to good quality health care and to clean water, nutritious food and a clean environment so that they will stay healthy. Rich countries should help poorer countries achieve this.

Enhances: The strategy sits alongside the Mental Health and Wellbeing Strategy which is about improving access to appropriate assessment, treatment and support for those with mental health needs.

The Mental Health and Wellbeing Strategy is about enhancing services so that children and young people have access to the best possible health care and information to stay well by:

- Improving the skills of the workforce.
- Improving support in the community.
- Focussing on prevention and early intervention, which is supported by the Whole School Approach to Emotional and Mental Wellbeing, access to school counselling and CAMHS in reach.

- Delivering service improvements to Local Primary Mental Health Support Services and specialist CAMHS.
- Improving access to psychological therapies.
- Promoting access to information on good mental health and wellbeing (for example, through social media campaigns).

Understanding, the Suicide Prevention and Self-harm Strategy will explore the possibility of commissioning specialist services for self-harm (which will be inclusive of CYP).

Article 27: Children have a right to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.

Enhances: The strategy, alongside the Mental Health and Wellbeing Strategy, makes explicit reference to the wider social determinants of mental health, suicide and self-harm including poor physical health, poor mental health, and financial pressures. Both strategies have been developed from a public health, preventative perspective and links have been made with the relevant policy areas to address the wider determinants of suicide and self-harm. Objective 2 of *Understanding*, the Suicide Prevention and Self-harm Strategy commits Welsh Government to work collaboratively with other government departments to collectively tackle the drivers of self-harm and suicide.

Article 28: Children have a right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthy countries should help poorer countries achieve this.

Enhances: The strategy aims to ensure that understanding around suicide and self-harm, including how to recognise the signs and how to support those affected, is developed and fostered throughout Wales. This includes within education settings so that CYP feel understood and respected.

The Strategy is committed to equipping education practitioners with the skills, knowledge and guidance to recognise and help those who self-harm or have suicidal thoughts in order to ensure they receive the right support and, can continue in education.

Objective 2 of *Understanding*, the Suicide Prevention and Self-harm Strategy commits Welsh Government to work collaboratively with other government departments to collectively tackle the drivers of self-harm and suicide. This includes supporting and exploring further potential to support suicide and self-harm and improved wellbeing through the Whole School Approach to Emotional and Mental Wellbeing. It will also include and exploration of the needs of those within education settings and those EOTAS.

Article 30: Children have a right to learn and use the language and customs of their families, whether these are shared by the majority of people in the country or not.

Enhances: Throughout the strategy, we have highlighted the importance of people (including children and young people) being able to access services using their preferred language.

Article 33: The Government should provide ways of protecting children from dangerous drugs

Enhances: The strategy recognises substance misuse as a key risk factor and defines all people (including children and young people) with substance misuse challenges as a high-risk group. Objective 2 commits the Welsh Government to adopt a cross-Government approach to tackling the key drivers of suicide and self-harm and the substance misuse Delivery Plan and Treatment Framework have been identified as dependencies for the successful delivery of the Suicide and Self-harm Prevention Strategy. The suicide and self-harm team will work collaboratively with substance misuse colleagues to review the evidence and identify actions which can strengthen their contribution to suicide and self-harm challenges in Wales, including where a targeted approach may need to be adopted to manage issues specific to children and young people. Objective 2 also aims to reduce access to means of suicide and self-harm. This will entail preventing people (including CYP) obtaining access to dangerous or high quantities of drugs which could result in an intended or unintended suicide.

Article 39: Children who have been neglected or abused should receive special help to restore their self-respect.

Enhances: One of the strategy's core principles is to ensure that it's guided by the Trauma-Informed Wales Framework. Any support or services delivered through our strategy will be trauma-informed, kind, compassionate and understanding. The Framework will also allow us to play our part in helping everyone in Wales understand the relationship between trauma/adversity and suicide and self-harm.

Article 37: Children who are accused of breaking the law should not be killed, tortured, treated cruelly, put in prison forever, or put in prison with adults. Prison should always be the last choice and only for the shortest possible time. Children in prison should have legal help and be able to stay in contact with their family.

Enhances: Through our rapid evidence review we identified a relationship between involvement in the criminal justice system and suicide and self-harm. Objective 5 of the strategy commits Welsh Government to increase awareness, knowledge and skills in agencies that support people with challenges which increase their risk of

suicide and self-harm. This will enable them to identify risk and work with partner agencies to offer holistic, person-centred and compassionate support. Agencies in this instance include, but are not limited, to prisons (inc. young offender institutions), police officers, and probation officers.

Article 40: Children who break the law. Children accused of breaking the law have the right to legal help and fair treatment. There should be lots of solutions to help these children become good members of their communities. Prison should only be the last choice.

Enhances: As above for article 37.

- Consider whether any EU Citizens Rights (as referenced in the Equality Impact Assessment) relate to young people up to the age of 18.

The Equality Impact Assessment accompanying this Strategy determined that the policy proposal will not negatively impact EU, EEA, or Swiss citizens whose rights are protected by the Citizens Rights Agreements.

For further information on the UNCRC and its Optional Protocols, please visit the Children's Rights Intranet Page.

4. Ministerial advice and decision

- How will your analysis of these impacts inform your ministerial advice?
 - *Once completed, your CRIA must be signed off by your Deputy Director.*
 - *Your CRIA findings should be integrated into your ministerial advice to inform their decision.*

All Ministerial Advice regarding *Understanding*, the Suicide Prevention and Self-Harm Strategy will confirm that we have considered the UNCRC when developing this policy. The accompanying advice will summarise that the overall conclusion, as per the assessment, is that the strategy will have a positive impact on children and young people – but noting that more will need to be done through the more targeted actions in the Delivery Plan.

5. Publication of the CRIA

- *Following the ministerial decision, the CRIA should be published on the Welsh Government website.*

A Children's Rights Impact Assessment, an Equalities Impact Assessment and a Welsh Language Impact Assessment will be published alongside *Understanding*, the Suicide Prevention and Self-harm Strategy.

- *Send sections 1 and 8 of your IIA and the CRIA (Annex A) to your departmental web manager for publishing.*
- **All** completed CRIAs must also be sent to the CRIA@gov.wales mailbox.

For further information and support on this process, please visit the [Children's Rights Intranet Page](#) which contains a range of resources.

6. Communicating with Children and Young People

- If you have sought children and young people's views on your proposal, how will you inform them of the outcome?

During the summer of 2023, Welsh Government carried out pre-consultation engagement on the proposed draft Objectives for the new Mental Health and Wellbeing Strategy and the (then named) Suicide and Self-Harm Prevention Strategy and supporting principles. An online survey was issued, and a focus group was run with the National Youth Stakeholder Group,⁴⁹ including 8 young people with lived experience of mental health, facilitated by Young Wales. An official has since returned to the National Youth Stakeholder Group to feedback on how their views have shaped both strategies and they have met with the Minister for Mental Health and Wellbeing who also discussed how their views have shaped the strategies.

As part of the formal consultation process for the draft (then named) Suicide and Self-harm Prevention Strategy, twenty-eight children and young people, aged between 7 and 25, were engaged in focus groups facilitated by the Co-Production Lab. A summary of the consultation responses has been published on the Welsh Government website [[Draft suicide and self-harm prevention strategy | GOV.WALES](#)].

⁴⁹ The National Youth Stakeholders Group is for young people aged 14-25 with lived experience or a special interest in relation to mental health and wellbeing. The group aims to address mental health issues shared by young people and review mental health and wellbeing initiatives by the Welsh Government and other organisations across Wales.

Following the publication of the strategy, we will also publish a consultation response document. This will highlight how we redrafted the strategy, and developed delivery plan actions, in light of analysing the responses to the public consultation. The Co-Production Network for Wales, as part of their engagement commission, will feedback to all the groups of CYP involved with a *you said we did* document.

If your policy affects children and young people, remember to produce child-friendly versions of any public document relating to your proposal. Please contact the Children's Branch for further advice.

7. Monitoring and Review

- *It is essential to revisit your CRIAs to identify whether the impacts that you originally identified came to fruition, and whether there were any unintended consequences.*
 - *Where you are taking forward secondary legislation, it will not be sufficient to rely on the CRIA for the primary legislation; you will need to update the CRIA to consider how the details of the proposals in the regulations or guidance may affect children.*
 - *The policy lead can revisit the published version of their CRIA, rename it as a review of the original CRIA, and update the evidence of impact. The reviewed impact assessment should be presented to Ministers with any proposals to amend the policy, practice or guidance. This review CRIA should also be published.*
- Please outline what monitoring and review mechanism you will put in place to review this CRIA.

On 15 February 2024 members of the Welsh Government Mental Health and Vulnerable Groups Team, including the Suicide and Self-harm Prevention Branch, met with the Children's Right's Advisory Group to present the draft Children's Right's Impact Assessments (CRIA) which have been published as part of this consultation exercise.

The group provided feedback on the CRIAs for the draft Mental Health (MH) and Wellbeing and (then named) Suicide and Self-Harm (SSH) Prevention Strategies which are detailed in **Annex A**.

There will be opportunities to review progress in relation to the implementation of the strategy and its supporting Impact Assessments (including the CRIA) on an ongoing basis, through the role of the Suicide Prevention and Self-Harm Strategy Board. The terms of reference for the Board will include a duty to review policies

and actions in the context of children's rights and membership will include those who can represent children and young people.

Alongside the strategy, we will publish an outcomes framework referencing how we will monitor the overall outcomes of the strategy and the specific actions in the delivery plan. Monitoring the outcomes will include monitoring the impacts, including the positive and any negative impacts on children and young people.

- Following this review, are there any revisions required to the policy or its implementation?

As part of the undertaking the review, amendments have been made to the strategy to ensure that it, and the accompanying Delivery Plan, meet the needs of children and young people in Wales. For example, reference to the UNCRC has been included in the core principle and the all-age narrative has been strengthened with the use of a life-course analysis in table 1.

Annex A – Children’s Right’s Advisory Group

Feedback on Children’s Right’s Impact Assessments (CRIA)

Some of the feedback was accommodated with amendments to the draft CRIAs. Some, which required more detailed and holistic consideration, were considered alongside feedback during the consultation period – and has informed this iteration of the CRIA, strategy and supporting delivery plan.

- The Group welcomed the level of detail in the draft CRIAs.
- The Group welcomed the ‘extensive participation’ with children and young people (CYP) as detailed in the CRIAs – and liked how this was set out.
- The Group sought reassurance that ‘all-age’ focus of the strategies included a focus on children and young people.
- The Group reflected that the Welsh Government was taking progressive steps in implementing the concluding observations of the UNCRC which identified mental health as one of six key areas of concern.
- The Group suggested that the draft CYP version of the Suicide and Self-Harm Prevention Strategy should be amended to include the word ‘Preventing’ at the beginning of ‘Suicide and Self-harm is everybody’s business’.
- The Group engaged in a discussion regarding the publication of the CYP version of the strategy with open access online. The group discussed potential safeguarding risks balanced against opportunities to effectively and meaningfully engage. The Group suggested that if the decision is taken not to publish the CYP version of the Suicide and Self-Harm Prevention Strategy, that the reasons why should be made clear.
- The group identified an inconsistency between the way that parents were referenced when considering Article 5 of the UNCRC between the MH CRIA and the SSH CRIA. This has been rectified.
- The Group noted the omission of consideration of Article 37 of the UNCRC which is relevant to the rights of children in contact with the criminal justice system who are recognised as a vulnerable group in the strategies and CRIAs. This has been completed.
- The Group also recognised the need to consider children’s rights in education settings.
- The Group highlighted the need to consider budgetary issues and resourcing linked with delivering the strategies and how this could impact on children’s rights.
- The Group discussed the importance of ensuring that further development of, and implementation of the strategies adopts a bottom-up approach which allows CYP to meaningfully engage in the ‘how’ not just the ‘what’. The Group discussed the role of the NYTH/NEST framework in doing this.
- The Group discussed the importance of cross-Government working to ensure that actions were being taken forward in other parts of government to prevent poor mental health, suicide and self-harm and to make sure the right support was available in key setting such as schools.