**West Sussex – Practice Guidance**

IROs are qualified social workers with at least five years’ experience, and who have acquired the right skills to carry out this role.

**Ligature Management**

*Please also refer to the Practice Guidance on Self-Harm and Suicidal Behaviour*

**Definitions**

For the purpose of this document, definitions of key terms are as follows:

* **Ligature** - Something which binds or ties, specifically something which could potentially be used for self-strangulation or severe restriction of blood flow to a body part (wrist, ankle). Examples include chains, bed linen, clothing (including belts, laces, bras, ties, tights, stitching) pull cords, cables or wires, audio and video tapes, toilet rolls, paper towel rolls etc. This is an item or a series of items that can be used to cause compression of airways, resulting in asphyxiation and death
* **Ligature point** - Anything that could be used to attach a cord, rope or other material for the purpose of strangulation.
* **Ligature cutter** - Tool used to release a ligature safely

**Risk assessment in WSCC children’s homes**

* The act of self-strangulation using a ligature among children is significantly higher for children living in care, particularly if there is a history of mental health difficulties, low self-esteem and trauma in early childhood.
* On completion of a training needs analysis by the Registered Manager, staff can access specialist training in identifying and attending to ligature risks in the home, and are vigilant to monitor and reduce risks on a daily basis.
* There are a number of ongoing measures that are taken to reduce or eliminate ligature risks as follows:
* Daily check of internal and external premises
* Ligature Risk Assessment prepared and reviewed regularly as needed
* Prompt removal and/or repair of any damage to property or equipment
* Searches of children when necessary (see ‘Searching Children and Bedrooms’)
* Searches of building (see ‘Home Searches’)
* Training of staff in ligature awareness
* Ongoing observation and engagement with children
* Access to therapeutic activities for children
* High staffing levels
* Individual risk assessments for all children
* Any risk assessment is only truly valid for a point in time or for as long as the risk factors remain the same. All staff members remain alert to identifying new risks and will report these to the senior member of staff on duty immediately.
* The risk of self-strangulation using a ligature is increased in areas where children are not supervised (i.e. bedrooms, bathrooms), so staff remain alert to any child who is presenting with behaviours associated to potential self-harm and will act accordingly.

**Individual Risk Assessments**

* Staff will continually review and assess each child’s needs and presentation and regularly update their individual risk assessment with regards to potential ligature risks, which will include:
* Previous history of suicide attempts
* Previous history of using ligatures
* Previous history of self-injury
* Change in circumstances or care planning
* Anniversary of a significant event
* Level of mood, hopelessness
* Suicidal intent, impulsivity control and expression of suicidal thoughts

**Emergency intervention**

* In the unlikely event that a child has applied a ligature that has the potential to cause significant harm or death, staff have a duty of care to intervene and remove or reduce the ligature.
* Where needed, staff will be trained on the safe removal of ligatures and how and when to use ligature cutters.
* The Registered Manager or designated Health and Safety worker, will hold responsibility for checking the viability of all ligature cutter blades including if and when blades needs replacing. This will take place at a minimum of every six months and after each use.
* The responding staff member will immediately alert the senior colleague on duty and a decision will be made as to whether medical assistance is required, depending on the circumstances and severity of the attempt.
* In most cases, it will be appropriate to take the child to the local Accident and Emergency department for professional advice and review of any injuries.
* If the child has lost consciousness, staff will immediately call an ambulance and prepare for the child to be taken to hospital. A staff member is to accompany the child to the hospital.
* Staff will offer a calm and soothing response to the child and avoid any over-emotive reactions.

**Reporting and information sharing following an incident**

* The child will be reviewed and additional resources will be put in place to support the child’s wellbeing. This may involve specialised talking therapies or activities and additional supervision within the home.
* Any incident where a child has attempted to use or create a ligature will be recorded on a Significant Incident Report and shared with the child’s allocated social worker, Ofsted via a Reg 40 notification, and any other appropriate adult as required.

**Links to related documents:**

WSCB Safeguarding Policy

Recognising Abuse and Neglect

Referring Safeguarding Concerns

Safety Checks on a Children’s Home

Searching Children and Bedrooms