**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.

**Self-harm and Suicidal Behaviours**

**Responding to self-harming behaviour**

* This policy is aimed at supporting children who deliberately and purposefully engage in acts which cause themselves harm. It is not intended to cover the specific needs of children with diagnosed sensory disorders or who participate in known behaviours to meet their stimulatory needs. Most children with a diagnosis of a complex learning or physical disability will already have support to access strategies to reduce or eliminate harm from self-stimulatory behaviours. However, intentional self-harm must not be dismissed for any child and each situation should be reviewed on a case by case basis.
* Whilst it is not possible to eliminate all risk within a Children’s Home, the paramount consideration is the duty of care to keep children safe. All staff members are therefore required to undertake thorough risk assessments and support and maintain harm minimisation activities where children are displaying self-harming behaviour.
* Residential staff are to work with allocated social workers to ensure that sufficient assessment is carried out to understand the root causes of such behaviour and to inform prevention, harm minimisation or where necessary, treatment measures. It is self-evident but vital to stress that seeing whether the cause or trigger can be removed or improved is essential.
* Each child who is identified as self-harming will receive the same respect, care, support, privacy and treatment as any other child.
* The management of self-harm is particular to the individual. Each event should be treated in its own right as the reasons for each may differ. Those who self-harm require an integrated multi-agency response aimed at treating underlying causes to bring about future reductions in the behaviour. Simultaneously, steps are required to manage immediate and ongoing risks. Those who self-harm seriously and/or repeatedlyrequire an integrated multi-agency response.
* It is recognised that at its most severe, risky and ongoing, self-harm is an issue requiring multi-agency joint working and shared management of risk and plans to try and reduce risk.
* All assessments must be clearly documented in writing, stored on the child’s file, and updated regularly. This approach requires an understanding of and an agreement with the child, social work teams and mental health professionals about the triggers and thresholds for them to carry out new assessments, convene multi-agency meetings, and provide interventions or treatments.

**Acts of Self-harm**

* The respected mental health organisation, Mind, defines self-harm as follows:

*“Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress”.*

* Self-harming behaviours can include the following:
* Cutting
* Taking an overdose of tablets
* Swallowing hazardous materials or substances
* Burning – either physically or chemically
* Over/under medicating e.g. misusing insulin
* Punching/hitting/bruising/biting
* Hair pulling/skin picking/head banging
* Pulling hair out, finger nails, teeth
* Tying ligatures around the neck, arms or legs, waist
* Episodes of alcohol/drug/substance misuse and over or under eating can sometimes be acts of deliberate self-harm.
* However, this list is not exhaustive and self-harming behaviours can evolve and tend to increase in severity over time.

* Any attempt to self-harm should be treated seriously and discussed at the earliest appropriate opportunity with the child and relevant professionals. Attempts within this should be made to establish whether a suicidal intent exists or existed and if so suitable professional consultation at the earliest point is essential.

**Harm minimisation strategies**

* Harm minimisation strategy should be agreed and signed off by the multi-agency group including the child’s Social Worker and CAMHS/psychologist.
* We should seek to avoid responses which appear to normalise and accept repeat self-harm as a ‘routine’ facet of the child’s behaviour. Staff members should empathise and understand when children feel the need to do this, but try to establish why, and work with them to continue to reduce the impulse to do this and address the triggers.
* The success of a harm minimisation plan is likely to be dependent upon a consistent approach being taken to the management of the physical environment, the gathering and review of information relating to children and individual risk assessment.
* Staff are required to reduce opportunities for self-harm by providing a safe physical environment. It is noted that removing high risk items within a home environment may escalate self-harm behaviours (e.g. ligatures). However, it is anticipated that preventative work will be in place for any child with a history of self-harm to identify strategies to delay or redirect injurious behaviour.
* There must be comprehensive and ongoing risk assessments regarding furnishings, fittings and fabric design, (for example, building design, removal of risk items, restrict access to high risk areas).
* There must be clear requirements regarding prohibited items which are applied without exception to children, staff and visitors.
* There must be increased supervision in high risk areas and activities.
* Registered Manager to undertake a quarterly review of incidents to maximise learning/potential creation of safer environment.
* Robust recording and monitoring systems, using incident reports to log all relevant details.
* The availability of sufficient numbers of first aiders and resources to ensure hygienic interventions, thereby reducing the risk of infection.
* Anti-rip clothing and blankets should only be used for harm minimisation when there is evidence that the child has used or is likely to use fabric to make ligatures. Permission for this measure needs to be sought from the Registered Manager, who will consult with other involved professionals.
* Anti-ligature cutters should only be used if the child has tied a ligature which cannot safely be removed by hand. Please seek further guidance from the management team. Ligature cutters may be one-time use only and will need to be replaced if required.

**Referral and Admission**

* It is essential that adequate and up to date information relating to any history of self-harm accompanies any new referral or admission to the home. It is the responsibility of the Registered Manager, or nominated person, to ensure that this information is requested at the point of referral. New placements will also need to be compatible with other residents in the home, and the possibility of influence from others carefully considered.
* Any child who presents with a history of repeated self-harm, or where self-harm incidents have been serious or associated with suicidal intent, must receive a screening assessment from a qualified mental health professional prior to the placement commencing.
* On admission to the Home, any search of the child and their belongings must be robust and thorough, while undertaken with dignity and respect. *Please see practice guidance relating to ‘Searches of Children and Bedrooms’.*
* Staff will be particularly vigilant around supervising and monitoring each child following admission until the child appears settled. This will be particularly prevalent within the first 2 weeks as it is acknowledged that this is a high risk period for any child who self-harms as a coping behaviour.

**During placement**

* Each child will receive regular reviews and re-assessments of any self-harm behaviour and incidents including proportionate searches when needed. Any control measures must be assessed to be appropriate to the presenting situation.
* Where required, each child will be provided with focused and specialist therapeutic support from a qualified mental health professional to address causal issues and behaviour reduction. This will be provided as soon as possible after a significant event and in consultation with the child.
* Each child will access a range of stimulating educational and leisure activities that assist in promoting purpose, development and personal responsibility. Children will also be provided with opportunities for relaxation, reflection time and opportunities and resources to address wellbeing with support from a trusted adult.

**Treatment of injuries**

* Staff will provide a prompt, calm and proportionate response to events of self-harm that minimise emotional feedback to the child and focus on managing the injury, the environment and impact on others.
* An assessment will be made as to the severity of the injury and infection control measures required, and will inform the decision whether to contact 111 services or attend the local Accident and Emergency department. This assessment will be undertaken by the responding staff member, Registered Manager and a qualified Health Care professional.
* If hospital treatment is required, a sufficient and proportionate ratio of staff will accompany the child and ensure appropriate levels of supervision at all times. Full information relating to any drug or substance ingested must be shared with those administering treatment.
* Where appropriate, a child that self-harms will be encouraged to administer their own first aid to any injuries in a private environment unless specialist medical treatment is required. This will be supported by the Home providing a Safe Self Care kit that contains adequate first aid supplies and resources to clean and dress any wound.
* Whilst treatment will be the immediate consideration, early referral should be made for psychological/psychiatric assessment. Thereafter, the GP for the child should be notified. Assessments should encompass social, psychological and motivational factors specific to the act of self-harm, including current intent and feelings of hopelessness as a predictor of ongoing risk.
* After consultation with the multi-disciplinary team the child’s next of kin, legal guardian, carer or person with Parental Responsibility should be informed.
* To promote joint assessment and decision making any incidents of self-harm will be discussed in the multi-disciplinary meeting. This should specifically:
* Consider revisions to the risk assessment and future therapeutic and preventative interventions needed.
* Consider all possible explanations for the injury and need for any criminal/safeguarding investigation.
* Consideration of factors internal to the home which may contribute towards self-harm behaviour, and any consequent need for a criminal/safeguarding investigation.
* In consultation with the Local Authority Designated Officer (LADO), a strategy meeting should be convened in the following circumstances:
* Self-harm is repeated, increasing in frequency and severity and/or accompanied by a refusal to engage with therapeutic support.
* Self-harm attempt has been serious and presents a pattern of escalation from previous events.
* There is concern that the child may have an active suicidal ideation.
* If the decision is made not to convene a Strategy meeting, the rationale for not doing so, together with a review of the current risk assessment should be fully recorded and amendments written into care plans.
* Where possible, input from the child should be sought in the design of the treatment regime. In itself, this may provide therapeutic opportunities for discussion about causal factors, (and their removal), whilst providing useful insights into reduction strategies, (diversion, relief, and turnaround techniques), for the child.
* All incidents must be fully recorded and detail not only the facts of the incident but the post incident assessment, response, and future education strategy, (risk assessment). Incidents that the Registered Manager considers to be serious will also require onward reporting to Ofsted.

**Following a self-harm incident**

* Staff will complete a Significant Incident Report form within 24 hours of the incident which will include explanation of any events or triggers that may have contributed towards the incident. This report will then be submitted to the Registered Manager, Social Worker, Parent/Carer and any mental health professionals supporting the child.
* Staff will ensure opportunities are created swiftly to support the child to explore and openly discuss the reasons behind the self-harm incident. This may involve the use of specialist workbooks or resources which will be made available to staff from the mental health professional involved in supporting the child.
* All incidents are discussed in the staff meeting and consideration will be given to ways of minimising any personal impact or distress. This should be undertaken as a small group of all staff involved in managing the incident and also on an individual basis during supervision if it is felt necessary.

**Follow Up**

* A range of follow up actions should be actively considered:-
* Staff dealing with incidents require de-briefing post incident, and on an ongoing basis through regular good quality supervision and training.
* The Support Plan needs to include how family/relations are to be informed of incidents, and supported thereafter.
* The provision of first aid training for children who frequently self-harm to enhance their understanding of the injuries they inflict, reduce the possibilities of unintended consequences and provide some possibility of self-treatment.
* Facilitating specialist consultation and providing information regarding the management of scarring for those who repeatedly self-harm.
* Provide information and contact details of support agencies that the child may approach to discuss any ongoing self-harm behaviours once they leave the Home.

**Links to related documents:**

Local Safeguarding Children’s Partnership ‘Pan Sussex Child Protection and Safeguarding Procedures Manual’ <https://sussexchildprotection.procedures.org.uk/>.

Home Checks

Searches of Children and Bedrooms

[**ChildLine**](https://www.childline.org.uk/) **-** Comforts, advises and protects children 24 hours a day and offers free confidential counselling. Tel: **0800 1111** (24 hours) www.childline.org.uk

[**The Mix**](http://www.themix.org.uk/) **-** Information, support and listening for people under 25. Tel: Phone **0808 808 4994** (24 hours) [www.themix.org.uk/mental-](http://www.themix.org.uk/mental-)health/self-harm

**Youth Access** - Get connected with the right support services and organisations in your area. For anyone aged 11-25. Tel: **0208 772 9900** (9-1pm and 2-5pm, Mon-Fri)

[www.youthaccess.org.uk](http://www.youthaccess.org.uk) or email: admin@youthaccess.org.uk

[**Samaritans**](http://www.samaritans.org/how-we-can-help-you/contact-us)- 24 hour confidential listening and support for anyone who needs it. (Adults included). Tel: **116 123** www.samaritans.org

**Resources and advice:** <https://youngminds.org.uk/media/1211/no_harm_done_young_peoples_pack.pdf>

<https://youngminds.org.uk/media/1210/no_harm_done_professionals_pack.pdf>

<https://www.selfinjurysupport.org.uk/docfiles/NHS-Buckinghamshire-Self-Harm-Pack.pdf>