



2021/22

Self-Harm & Suicide Procedure & Policy

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SELF-HARM & SUICIDE PROCEDURE & POLICY

1. Introduction and Purpose

This policy has been developed to provide information and detail practice requirements regarding the management of children and young people who engage in self-harming behaviours or threats of suicide. The purpose of this advice is to:

- Provide a framework for self-harm and suicide risk management.
- Provide information about reducing the risks of injury or death and ensuring the safety and wellbeing of clients.
- Outline the reporting requirements.
- Reduce the level of uncertainty and stress for practitioners in managing clients who self-harm and express potentially suicidal behaviour.

Within the spectrum of children and young people who are currently being 'looked after' some are particularly vulnerable to risks from a range of actions and behaviours associated with self-harm. These include those who:

- Threaten to self-harm, including threats of suicide.
- Actual self-harm.
- Engage in self-mutilation (self-cutting, bloodletting)
- Express suicidal ideation.
- Attempt suicide.

Often these types of actions and behaviours are associated with adolescence, but they can also be displayed by young children. Given the level of harm that can result from these actions and behaviours, working with and responding to these behaviour requires specific, intensive and strategic planning and casework. Two major considerations in responding to and managing self - harming behaviours and threats of suicide are harm reduction and duty of care.

2. Standards and Procedures

Many children and young people who come into the 'looked after' system have experienced significant trauma in their lives and are often highly vulnerable. It is likely that these children will sometimes have multiple and complex needs and significant behavioural and emotional difficulties, which can lead to acting in ways that place themselves in situations of high risk. This can particularly apply where a child is placed out of home care. The 'Residential Care Audit' (2001) identified that children placed in residential care can be particularly vulnerable. The audit identified that 22 per cent of children in residential care had engaged in self-harming behaviours or threats of suicide. Added to this, the audit identified a high level of mental health diagnoses and higher levels of substance abuse than the general population. Residential care clients were also found to lack age-appropriate skills necessary for independent living and to have increased levels of aggressive and challenging behaviour at younger ages.

3. Threats of Self Harm / Actual Self Harm or Suicide

Threats of self-harm and actual self-harm involved a range of actions, along a continuum, from statements to self-harm to a display of self-harming behaviours, to suicide. In definition self-harm requires not only the threat of self-infliction of injury (to varying degrees of intent), but also importantly, an awareness of motive. The issue of

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awareness of motive is significant because it is what distinguishes self-harming behaviours from other types of behaviours often associated with and grouped as adolescent risk taking and experimental behaviours. Children in the Child Protection system can present with significant behavioural and emotional difficulties and a lack of self-care. Experimental and risk-taking behaviours can frequently become extreme and result in significant levels of harm. This through does not equate to every child who engages in extreme risk-taking behaviour intentionally wanting to self-harm. Some displays of behaviours such as self-cutting, self-strangulation or deliberately placing oneself in harm's way, can be relatively easy to define as an act of self-harm. Other types of high-risk activities, which result in harm, may be more difficult to define as either intended acts of self-harm or experimental risk-taking behaviour, for example, substance use of reckless behaviour.

4. Assessing Risk Factors and Developing Management Plans

The reasons why children and young people in the 'looked after' system present with self-harming behaviours are often complex and varied but generally related to a combination of factors which include:

- Experience of past and on-going trauma.
- Significant and continuing stressors in their lives.
- Inadequate or poorly developed emotional or behavioural capabilities.
- Absence of self-care.
- Emerging or diagnosed psychiatric or psychological disorder.
- Lack of appropriate support networks.
- Lack of other coping mechanisms to moderate or address the behaviours.

For practitioners identifying the potential likelihood or probability of self-harm requires an assessment of a range of factors indicating risk and need and an assessment of the risk opportunities. This assessment will form the basis for determining a risk management plan and if possible, should include correctly identifying underlying causal factors. To formulate a risk management plan requires the coordinated and collaborative input of several professionals who may be involved or have expertise to offer.

5. Involvement of Other Agencies and Professionals

Children and young people who display self-harming or suicidal behaviours may already have involvement with other services that have expertise to offer in addressing or reducing such behaviours. If a child or young person is not involved with such services, practitioners should consider making referrals or seek consultation with such services as part of the best interests planning.

The involvement of these services on a consultancy basis or as part of the care team in developing intervention strategies and case management plans is essential to attaining the best outcomes for the child or young person involved. It is essential that other agencies and professionals acknowledge that they have a significant role in assisting to formulate intervention strategies and implementing agreed management plans as part of joint working.

6. Identifying Factors Indicating Risks for Potential and Actual Harm

Factors which indicate risk of self-harm or suicide include:

- Previous threats, attempts or acts of self-harm or suicide.
- Preoccupation with or idealisation of self-harm or suicide.
- History of self-harm or suicide within the family.
- Ongoing and presenting psychological or emotional functioning, including marked changes in presentation such as depression, flat affect, mood deterioration (or elevation), high levels of anxiety or unrest, impulsivity.
- Psychological and psychiatric history.
- Stressors present in a child or young person's life, including current events and occurrences.
- Lack of individual coping strategies and internal mechanisms to deal with distressing or traumatic events.

- Withdrawal, isolation, separation, or alienation from networks such as family, peers, social groups and school.
- Excessive involvement in high-risk activities such as reckless actions endangering life, substance use etc.
- At discharge from a Psychiatric inpatient unit service.

7. Identifying the Opportunities for Potential and Actual Harm

Opportunities for potential and actual harm include:

- Whether there is a plan to self-harm or suicide.
- Where there are means available to carry out self-harm or suicide.
- A significant event or incident occurred with which the child has not coped well with or, in the past has self-harmed as a response to such an event.
- Other factors present which could increase the possibility or desire to follow through with self-harm or suicide, such as access to substances of drugs, involvement with others who self-harm.
- Lack of or reduced contact and monitoring from regular supports.
- Comments indicating an intention to self-harm or suicide.

8. Addressing Risk Factors a Child's Best Interest

Where it is known that a young person engages in threats of self-harm or actual self-harm, it is essential the risk management process is put into action. This should be completed in consultation with all professionals and services involved and recorded on the correct paperwork. Interventions and responses may be required to:

- Ensure the immediate and on-going safety of the child.
- Reduce the harm or prevent it from re occurring.
- Provide the basis for a management plan which supports and promotes addressing harmful behaviours and the underlying causes.
- Decide whether the child or young person can be safely maintained and supported in their current placement.
- Take appropriate decision-making action, such as consult with or report self-harming behaviour to the line manager, or service manager, or other involved professionals who can provide advice and direction.

Chronic or entrenched patterns of self-harming behaviours can be triggered by a specific event but are more likely to be related to psychological functioning. Often this internal component can make it more difficult to predict or map when an episode may occur. Where the self-harming behaviour may be chronic or on-going there may be reoccurring behaviours or conduct in a child or young persons presentation which signal a self-harming episode is imminent. A risk management plan in this case would include:

- Identifying the signs that may indicate when an episode of self-harm is more likely.
- Utilising formulated assessment tools which may assist in gauging and monitoring behavioural patterns, for example, to ascertain when levels of anxiety or stress may be heightened. These tools may be provided by specialist services such as CAMHS.
- Developing strategies to reduce, prevent, or avoid the conditions and times in which the self-harming behaviours may regularly occur, that is, planned structured activities at those times.
- Developing a knowledge of what strategies could be employed to end the self-harming episode.
- Providing the client with alternative strategies if they feel they cannot stay safe, such as telephoning help-line numbers, over 16yrs can access the mental health crisis team.
- Assessing if the child or young person can be supported through the event.
- Deciding whether the child or young person can be safely maintained and supported in their current placement.
- Consider taking child to Accident and Emergency.

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Risk management and crisis prevention planning for high-risk children and young people will require review on a frequent basis, sometimes daily or weekly depending on the degree of risk. In such cases it is likely that the care and placement planning process will need to include additional and frequent planning meetings held between the care team.

9. Reporting and Recording Requirements

Accurate and timely recording on the child or young person's files of all incidents related to self-harm is important as this information assists in developing, formulating and reviewing the suicide and self-harm plan for those who engage in self-harm actions or behaviours.

10. Incident Reporting Systems

Incident reporting is an Ofsted requirement and involves completing an incident report and appropriate documentation. Incidents and risk assessments are graded according to the actual impact on children, young people and staff involved. Most incidents of actual self-harm or attempted suicide will require a critical incident report to be completed and reviewed and updated as appropriate.

11. Considerations for Good Practice

Self-harming behaviours and acts of self-harm by children and young people can have a distressing and traumatic impact on all those involved in ensuring their safety and wellbeing. When working with children and young people who self-harm or are at risk of suicide, practitioners should familiarise themselves with the services that are available to provide support and debriefing in the event of a critical incident.

In situation where practitioners are involved with a child who is actively self-harming or suicidal, they should, in consultation with other members of the safeguarding team, ensure there is a plan to manage the negative effects such as distress of grief, that an incident of self-harm or suicide may cause other workers, family members and other children and young people.

Consideration needs to be given to the provision of appropriate training and information to all staff involved in working with children and young people at risk of self-harm and suicide.

It is recommended that all staff complete training in risk assessment and working with young people who display and present risk in suicide and self-harm behaviour. This training will need to be reviewed and updated annually through refresher training.

Self-Harm Procedure

1. Planning and Prevention

Self-harming or self-injurious behaviour is the deliberate act of causing harm to one-self, with or without an intention to die.

It can take many forms from scratching to the swallowing of harmful substances and taking overdoses. It can include under-eating or over-eating.

If a child is suspected or found to be self-harming, the strategies that should be taken are those determined by any existing plan.

If no plan or strategy exists, all reasonable measures should be taken to reduce or prevent continuation of the behaviour.

This may include providing additional supervision, confiscation of materials that may be used to self-harm or, as a last resort or calling for assistance from the emergency services.

If there is any suspicion that the child may be involved in self-harming, their parent/guardian/carer/social worker must be informed, and a risk assessment undertaken.

2. Notifications

There are different notifications procedures, depending on the seriousness of the self-harming.

Notifications of Minor or Non-Persistent Self-Harming

Minor or non persistent self-harming should be notified to the safeguarding manager at the first opportunity; the manager will inform the parent/guardian/carer/social worker, if unsure of whom to contact it is possible to contact CAMHS on duty team for a no names consultation.

Notifications of Serious or Persistent Self-Harming

Serious or persistent self-harming is deemed to be an Incident and must be notified to the manager and the child's the parent/guardian/carer/social worker as soon as possible but within 24 hours.

3. Recording

There are different recording procedures, depending on the seriousness of the self-harming.

Recording of Minor or Non-Persistent Self Harming

Minor or non-persistent self-harming should be recorded in the child's file notes, including if first aid or medical treatment is provided.

Recording of Serious or Persistent Self Harming

Incidents of persistent or serious self-harming are deemed to be Incidents and must be recorded as such.

All Incidents must be subject to a Management Review.

If First Aid or medical treatment is provided, it must also be recorded in the child's file notes.

Version	Date	Approved by
1.0	02/02/2021	Nadia Brown - Project Manager