Self-Harming Policy

Version number:	Version 1	**Document owner:**	HND Children's Care Ltd.
Version Date: **Review Date:**	January 2026 January 2027	**Document ID number:**	6.7 Self Harm Policy
Version expiry:	January 2027	**Document classification:**	Final
Version status:	Live document		

Regulations and Standards:

The Children's Homes (England) Regulations 2015:

- Regulation 10 - The health and well-being standard.
- Regulation 12 - The protection of children standard.
- Regulation 19 - Behaviour management and discipline.
- Regulation 23 – Medicines.

Contents:

1. Planning and Prevention:

Many children who come into the 'looked after' system have experienced significant trauma in their lives and are often highly vulnerable. It is likely that these individuals 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.
Broadly defined, self-harm refers to the deliberate attempt to physically injure oneself without causing death. This can take a number of forms including:

- Cutting or burning.
- Taking overdoses of tablets or medicines.
- Punching oneself.
- Throwing their bodies against something.
- Pulling out hair or eyelashes.

- Scratching, picking, or tearing at skin, causing sores and scarring.
- Inhaling or sniffing harmful substances.
- Swallowing things that are not edible.
- Inserting objects into their bodies.
- Head-banging.
- Tying ligatures.

Although clearly damaging, alcohol and drugs misuse, eating disorders, unsafe sex, and other excessively risky behaviour, such as dangerous driving, are not generally classified as self-harm.

If a child is suspected or found to be self-harming, the strategies that should be taken are those determined by any existing plan, for example, in the child's placement plan. If no plan or strategy exists, all reasonable measures should be taken to reduce or prevent continuation of the behaviour, which may include providing additional supervision, confiscation of materials that may be used to self-harm or, as a last resort, use of physical intervention or calling for assistance from the emergency services.

If there is any suspicion that the child may be involved in self-harming, the social worker must be informed, and a risk assessment undertaken with a view to deciding whether a strategy should be adopted to reduce or prevent the behaviour. That strategy should be included in the child's placement plan. If necessary, specialist advice or support should be sought.

2. Hanging and Ligature

Hanging and ligature is one of several techniques used by children to self-harm or attempt suicide. HND Children's Care Ltd is committed to training key personnel in ligature rescue.

Risk assessment and self-harm Support plans

All children at HND Children's Care Ltd whose behaviour may present a significant risk to themselves, or others have an individual risk assessment, and this assessment should always consider the potential for self-harm. Assessment of risk of self-harm and suicide is often complex. HND Children's Care Ltd, all staff play a vital role by assessing risk of self-harm and suicide in their daily contact with children and responding to this in accordance with the guidance outlined in this document.

- The Designated Safeguarding Lead (DSL) and Registered Manager are accountable for managing the risk and must be consulted when children report thoughts of self-harm or suicide and/or display related behaviours.

- External agencies such as CYPMHS, the child's GP and A&E are also available to support the child with these needs.
- Consulting with parents, carers and social workers, where appropriate, and listening to their concerns is also a crucial part of the risk assessment and management process.

Communication between all parties is paramount in ensuring the safety and wellbeing of the child.

Self-harm care plans

Any child known to have a history of self-harming or is at risk of self-harming or suicide must have a self- harm care plan which is regularly reviewed and updated. Details should include: their historical risks, possible triggers, early warning signs, levels of self-harming behaviour and level of risk (including the risk of suicide), agreed support and intervention plans and agreed risk management strategies.

Wherever possible, staff should seek clinical advice and support: these incidents can cause upset, anxiety, confusion and even anger for those supporting the child.

Following any incident of self-harming or suicidal behaviour, a self-harm support plan will be generated, and this will reflect the ongoing clinical care plan for the child, The aims of this document are to:

- Preventing escalation
- Reducing harm arising from self-harm or reduce or stop self-harm.
-Reduce or stop other risk-related behaviour.
- Improve social or occupational functioning.
- Improve quality of life
- Improve any associated mental health conditions.
- Identify short and longer-term goals and steps to support the child.

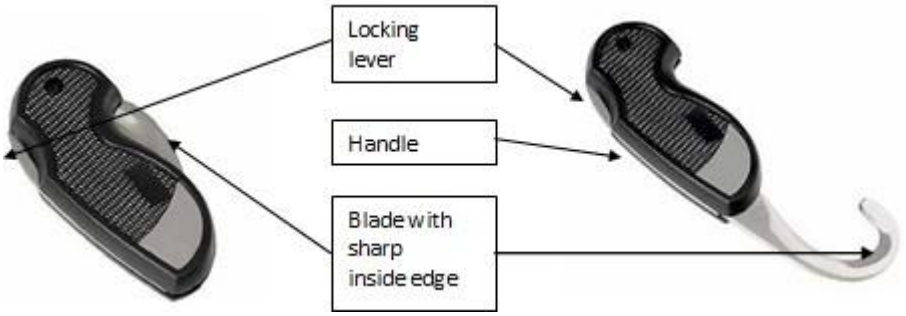
This plan must incorporate the voice of the child and should be agreed with their parents, carers, social worker, placing authorities and all health and/or medical professionals involved with the care of the child, where possible.

All relevant staff are obliged to familiarise themselves with the current risk assessment and self-harm care plan, for every child they are likely to have responsibility for educating, engaging, supporting or supervising.

Guidelines on the use of ligature cutters

Ligature cutters offer an effective and safe method of cutting a ligature that is tied around a person's body part, whether the ligature is tied solely to the person or attaches the person to any aspect of the environment e.g., a door handle.

The ligature cutter issued within HND Children's Care Ltd homes has a "hooked" metal piece that folds into a plastic covered handle. When the metal hook is unfolded it "locks" into the open position for use. The metal part is designed so that the outer edges are smooth and blunt and only the inner edge of the hook is sharp.
The design of the metal hook allows for the speedy and relatively safe insertion under the ligature, whilst also minimising the risk of secondary injury to the person or member(s) of staff.



The effectiveness of the ligature cutter is largely dependent upon the sharpness of the blade. Therefore, to reduce risk, ligature cutters must only be used to cut ligatures. If a ligature cutter is used for any other purpose, or to cut anything other than a ligature, this will negatively impact upon the sharpness of the blade and ultimately, might render the ligature cutter less effective in an emergency. **Inappropriate use of ligature cutters may result in disciplinary action against staff.**

The sharpness of the ligature cutter is so crucial that they are single-use items i.e., whenever a ligature cutter has been used to cut a ligature, it must be immediately replaced with an unused or re-sharpened one.

Ligature cutters must either be:

1. carried by trained and designated staff members or
2. securely stored in areas that are only accessible to members of staff (specified below)
3. However, it is important that all members of staff have quick and easy access to the ligature cutters and therefore, appropriate storage places e.g., rooms or offices should

be agreed and recorded, ensuring that all members of the staff team are familiar with ligature cutter location.

A list of all staff trained in ligature rescue will be maintained and it is the responsibility of the Registered manager to ensure this document always remains up to date.

All HND Children's Care Ltd staff who have received training in ligature rescue and the use of ligature cutters must familiarise themselves with the **area, location** and **access arrangements** for all ligature cutters.

Whilst this guidance cannot replace the need for appropriate staff training relating to ligature cutters, it is important that staff remember the fundamental points for their effective use:

Every incident involving the use of a ligature cutter must be recorded on an 'Accident & Injury Record' that provides details of the event, the use of the ligature cutter and the outcome.

The ligature and any knot are important items in the event of any police investigation and therefore, they should be 'interfered with' as little as possible and be preserved by leaving them at the scene wherever possible. Staff must not remove any remnants of a ligature still fixed to an environmental suspension point, and only tidy up or dispose of any items at the scene following consultation with senior staff and, if applicable, after the police have given permission.

A written record must be made in a logbook, on every occasion a ligature cutter is used. **Used ligature cutters must be withdrawn from circulation and replaced immediately.**

It is the responsibility of the Registered Manager to ensure that any used ligature cutter is resharpened and sanitised using a recognised service provider. Ligature cutters are to be returned in a secure way to their agreed storage area to avoid sharps injury.

In the unlikely event that an unused ligature cutter becomes contaminated with bodily fluids they should be carefully washed in warm soapy water and carefully dried in accordance with infection control guidelines for dealing with blood spillage, prior to replacement.

3. Notifications, Recording and Review:

3.1 Notifications of Minor or Non-Persistent Self-Harming:

Minor or non-persistent self-harming should be notified to the manager at the first opportunity; the manager should always inform the child's social worker. Minor or nonpersistent self-harming should also be recorded in the child's daily record, including if first aid or medical treatment is provided.

3.2 Notifications of Serious or Persistent Self-Harming:

Serious or persistent self-harming must be notified immediately to the home's manager and the relevant social worker notified within 1 working day - the social worker should decide whether to inform the child's parent(s) and, if so, who should do so. The manager should also be notified, and consideration given to whether the incident is a notifiable event, see 'Notifiable Events Procedure'.

3.3 Recording and Review:

Accurate and timely recording on the child's records 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.

Prior to admission to a residential home all children should undergo an initial risk assessment to determine suitability for a residential placement. As part of this assessment

the manager will identify from case records if there is any indication of a risk of self-harm. This will include a verbal reference to self-harm even if an act of self-harm does not occur.

Where self-harm is indicated at point of admission the risk assessment needs to be completed to reflect intervention strategies agreed with all agencies and professionals involved. Where there is considered to be an increased risk of self-harm then the risk assessment will indicate those actions which are to be taken to minimise the risk.

The risk assessment is to be reviewed every 28 days or sooner if an incident occurs which increases the risk of self-harm. Where a specific event has led to an assessment that the risk of an episode of self-harm is more likely than the staff should complete the specific risk assessment. This risk assessment sets out how the staff will manage the increased risk through increased vigilance and support.

All self-harming must be recorded in the home's daily log and relevant child's daily record in addition to the completion of an incident report. If first aid is administered, it must be recorded.

The child's placement plan should be reviewed with a view to incorporating strategies to reduce or prevent future incidents.

End.