



SECURE ACCOMMODATION NETWORK

Good Practice Guidance

Title: The Management and Minimisation of Behaviour by Young People that results in an act of Self-Harm in Secure Children’s Homes (England and Wales).

Purpose: To enable staff working with vulnerable young people to develop policies and good practice procedures based on “what works” for the Management of Self Harm:

Date: Wednesday, 06 July 2005

1. DEFINITION:

- 1.1 A range of terms such as “self-mutilation”, “self injury”, “self attack”, “para-suicide”, “symbolic wounding”, and many others are used by health and social care professionals to describe what these notes will generically refer to as self harm.
- 1.2 Self-harm is increasing amongst children and young people and concerns a wide range of things people deliberately do to themselves which appear to be harmful, but usually do not kill them. This may include: -
- 1.3
 - *Cutting, Stabbing, Scratching the skin, Scraping/Rubbing the skin, removing the top layer to make a sore.*
 - *Gnawing at flesh, biting the inside of the mouth, making sores and regularly re-opening them, picking at wounds.*
 - *Placement of sharp objects under the skin or in body orifices.*
 - *Burning skin by physical means using heat, or by using caustic substances.*
 - *Pulling hair out, including eyelashes and eyebrows.*
 - *Hitting themselves hard enough to cause bruises, head banging, black eyes, or broken bones. Throwing themselves at solid objects / jumping from objects.*
 - *Tying ligatures around the neck, arms, or legs to restrict the flow of blood.*

Refer Also to:-

*Website –
selfharm.org.uk*

- *Ingesting toxic substances or objects to cause discomfort and damage but with no intention to die.*

Refer Also to:-

- 1.4 Other common harmful activities like smoking, excessive drinking, substance / drug misuse are not usually viewed as self-harm.
2. **BACKGROUND:**
- 2.1 Self-harm is often a way of coping rather than a failed suicide attempt. People who self harm often describe it as providing relief from overwhelming feelings and pressures. They can feel it helps prevent them from attempting suicide. It can also continue for many months / years without escalating to more serious levels.
- 2.2 However whilst there may be a difference between self-harm and suicide in terms of intent, self-harm must be taken seriously as it can, if only as a result of unintended consequences, result in serious injury or death. Approaches to risk management of self-harm / suicide also share similarities.
- 2.3 Most research on self-harm has shown a similar general pattern. Almost all who self harm report that during their childhood years they have experienced physical abuse, bullying, sexual abuse, emotional abuse, family breakdown, anxiety, depression; or other forms of trauma such as witnessing violence.
- 2.4 Those who have suffered sexual abuse were found to be more likely to attack parts of their bodies connected with the experience, either as an expression of self hate, or a communication of the pain felt.
- 2.5 Individuals who self-harm are often very rational about the circumstances of their injury and often report that they find themselves in a dreadful conflict of knowing they should and need to talk to someone about their thoughts and feelings yet feel they do not have the words nor emotional ability to be able to communicate the intensity of the despair, isolation, and distress they feel.
- 2.6 Many injuries will consist of some form of visible wound to the body though attempts are often made to hide injuries, cuts, bruises, and scars either because of the shame felt regarding the injuries, or for fear of being stigmatised.

- 2.7 If noticed attempts may be made to pass off the injuries as accidents (falls, dog bites, cat scratches etc.) even though such explanations may be improbable. Within the community people may have accepted such explanations, as this is easier than to become involved in recognising the depth of pain a person must feel in order to hurt themselves in such ways.
- 2.8 Those responding / caring (including other family members / relations / friends) for individuals who self-harm also need a range of training and support as they too are likely to feel emotionally drained and distressed. For example, feelings of anger because the person has self-harmed, and/or distress because they are unable to prevent repeat behaviour.
3. UNDERLYING PRINCIPLES WITHIN SECURE CHILDREN'S HOMES:
- 3.1
1. *Whilst it is not possible to eliminate all risk, the paramount consideration is the duty is to keep young people safe. This includes protection from self-harm.*
 2. *Secure accommodation is a place of safety and staff must do all possible to protect young people from self-harm. In all circumstances self-harm should be discouraged including in situations where young people / other professionals suggest it may be helpful. There are no "safe" methods of self-harm, and no safe limits in self-poisoning.*
 3. *Young people who self-harm should be treated with the same levels of respect, care, privacy, and treatment as any other person. Although self-harm is sometimes described as "attention seeking" it usually is not and such descriptions may only lead to unhelpful judgements / stereotypical views from others.*
 4. *The management of self-harm is particular to the individual. Each episode 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 / ongoing risks.*
 5. *Assessment and a comprehensive approach to risk management is the key to providing a safe regime that balances permission and control, and in which appropriate risk taking can occur in the context of a reduced possibility of self-harm.*

6. *The needs of professionals, and families supporting those who self-harm need to be taken into account through appropriate programmes of training and support.*

Refer Also to:-

4. HARM MINIMISATION STRATEGIES:

Paediatric Nursing (2003) Vol15 Assessing risk following deliberate self harm.

4.1 The success of a risk recognition / minimisation policy is likely to be dependant upon a consistent approach being taken to the management of the physical environment, the gathering and review of information relating to young people, and individual risk assessment applied on a Unit wide basis. Such considerations may include: -

Environment: -

Reduce opportunity for self-harm by providing a safe physical environment.

- *Comprehensive and ongoing risk assessments within units regarding furnishings, fittings, and fabric / design (for example, building design, removal of risk items, restrict access to high-risk areas).*
- *Clear requirements regarding "contraband" which are applied without exception to young people, staff, and visitors.*
- *Increased supervision in high risks areas / activities (including risk assessments in relation to particular activities).*
- *Review of incidents to maximise learning / potential creation of safer environment.*
- *Robust recording and monitoring systems.*
- *The availability of sufficient numbers of first aiders, and resources to ensure hygienic interventions thereby reducing the risk of infection.*

4.2 Referral and admission: -

Identification and assessment of potential risk through the provision of good quality initial information.

- *Structured information gathering at referral to include key risk indicators / past history of self-harm or suicidal behaviours.*
- *Well developed entry search procedures.*
- *A cautious approach which may include increased supervision / observation (as a back up to search procedures) whilst formulating initial risk assessments.*
- *Ensuring a good quality reception and first night experience for young people, which does not confirm feelings of hopelessness or despair.*

- *Routine medical screening and use of assessment tools (see attached).*

Refer Also to:-

4.3 During Placement: -

Ongoing continual review, assessment, and therapeutic input.

*Prison Service
(2000) PSO
27/00 SaSH
Prevention*

- *Maintaining search procedures following mobility (subject to risk assessment to avoid “over” searching).*
- *Regular review and updating of risk assessments, which are incorporated into care plans. Manage risk planning for safety, consistency, and normality.*
- *Continual review of behaviours to ensure control measures are appropriate to the presenting situation.*
- *Provision of relevant therapeutic input together with a stimulating range of educational and leisure activity. This will include work to involve young people in finding solutions and giving them a degree of control and responsibility for their behaviour.*
- *Recording systems, which are able to individually monitor, and pattern behaviour (by type, frequency, and other factors). This enables the formulation and review of plans.*

4.4 For young people who self-harm, best practice is likely to be concerned with activity in the following areas: -

1. *Safety and treatment.*
2. *Understanding.*
3. *Provision of therapy.*
4. *Assessment.*

4.5 The provision of timely treatment as would be the case to any injured person but which takes full account of the likely distress (physiological and emotional) experienced by the self-harming individual.

4.6 Care must be taken regarding the provision of medical treatment for a number of reasons: -

- *An immediate assessment should be made regarding treatment needs – e.g. first aid, taking to casualty, ambulance, etc. and who on an immediate basis needs to be informed (usually the Duty Manager / Senior).*
- *Nothing must be given which may compromise treatment needing to be given by health care professionals. Thus, for example, pain relief may be appropriate but should only be administered under the supervision of qualified medical personnel.*

- *It is important for health care staff to be made fully aware of any drug, prescribed or otherwise being taken by the young person.*
- *In the event of a suspected drug overdose it is similarly important for health care staff to be provided with as much information as soon as possible regarding the drug type, quantity, etc.*
- *Particular consideration should be given in situations where first aid treatment is likely to evoke distressing memories of previous sexual abuse – e.g. when administering first aid to breasts, genital area, to ensure privacy and support.*

- 4.7 Whilst treatment will be the immediate consideration, early referral should be made for psychological / psychiatric assessment (CAMHS or other local service). Thereafter the G.P. for the young person 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.
- 4.8 Generally it is better to deal with incidents in a quiet area away from others as this will afford better privacy, and increase the scope for meaningful discussion about the behaviour and its causes. After consultation, the young person's next of kin should be informed.
- 4.9 To promote joint assessment and decision making, and as soon as possible after an incident a strategy / professionals meeting should be convened to determine future action. This should specifically: -
- *Consider revisions to the risk assessment and future therapeutic and preventative interventions needed.*
 - *Consider whether the injury was self inflicted or caused by another person (and the consequent potential need to invoke a criminal / Child Protection investigation).*
 - *Consideration of factors internal to the secure unit which may contribute towards self-harm behaviour (i.e. bullying, physical / sexual abuse), and any consequent need to invoke a criminal / Child Protection investigation).*
- 4.10 Further incidents should prompt consideration of the need to re-convene the strategy / professionals meeting and whilst often this may not be required, 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.

- 4.11 Separate recording systems should be used for recording incidents of self-harm / suicide attempts.
- 4.12 Where possible input from the young person 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 young person.
- 4.13 All incidents must be fully recorded (attached), and detail not only the facts of the incident, but the post incident assessment, response, and future reduction strategy (risk assessment). Most incidents will also require onward reporting to CSCI.

4.14 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.*
- *Casework plans need to include how family / relations are to be informed of incidents, and supported thereafter. Where frequent self-harm incidents occur consideration should be given to provide the family with a consistent person (usually the young person's key worker).*
- *The provision of first aid training for young people who frequently self harm to enhance their understanding of the injuries they inflict, reduce the possibilities of unintended consequences, and provide some possibility of the self treatment (particularly post discharge).*
- *Facilitating specialist consultation and providing information regarding the management of scarring for those who repeat self-harm.*
- *Post discharge - to ensure young people do not have to feel isolated providing knowledge of who can be confidentially contacted to discuss self-harm, and / or seek advice from (e.g. Samaritans, Childline, NCB Self Harm Website, Young Minds all have expertise to offer in this area).*

NHS / NICE
(2004) 031/04
Guidance – Self
Harm.


4.15 Conclusion:

Whilst the above is not intended to provide a procedure for working with self-harm, it provides a broad framework for the drawing up of operational guidance. Secure Children's Homes will have differing needs, and experience different levels of self-harming behaviour.

Thus it is hoped these notes will assist thinking in terms of what areas the development of procedural guidance will need to address.

Refer Also to:-

Various SCH guidance / procedural papers relating to suicide & self-harm.

<p>Editor(s):-</p> 	<ul style="list-style-type: none">• Michael Nerini, Manager (Clare Lodge Secure Children's Home-Peterborough)• Judith Farrow, Manager (Beechfield Secure Children's Home (West Sussex)) <p><i>And general contributions from members and associated members of the Secure Accommodation Network (SAN)</i></p>
<p>Date:</p>	<p>Wednesday, 06 July 2005</p>

APPENDIX ATTACHED:-

- Pages 9 and 10



SECURE ACCOMMODATION NETWORK

Self-Harm & Suicide Assessment Tool:

Behaviours or Events	Level Of Risk and Response
<ul style="list-style-type: none"> • Has made previous attempts at serious self-harm. • Has clear intentions of a wish to die. • Has made a deliberate premeditated suicide attempt. • Has obtained the means (tablets, blade, etc.) prior to that day. • Believes her/his actions will cause significant harm. • Has specifically chosen a time when s/he thinks they will be alone. • Has left a note. • Has failed to tell anyone about previous self-harm attempt/s. • Is still planning serious self-harm. • Regrets that s/he was unsuccessful in previous attempts. • Appears to be extremely depressed or despondent. 	<p>EXTREMELY HIGH RISK</p> <ul style="list-style-type: none"> • To be completed on an individual unit basis and include:- • <i>Frequency and levels of observations.</i> • <i>Possessions / contents of room.</i> • <i>Management of high risk activities / areas within building.</i> • <i>Use of toilet / bathing facilities.</i>
<ul style="list-style-type: none"> • Has tried to seriously self-harm before. • Gives clear reasons for her/his actions, which still pose a risk. • Has made a previous suicide attempt. • Deliberately obtained the means (tablets / blade). • Believes her/his actions will cause significant harm. • Has left a note. • Was alone when previous attempts were made. • Is still experiencing suicidal feelings. • Is regretful or uncertain about previous failed attempts. • Appears extremely depressed. 	<p>HIGH RISK</p> <ul style="list-style-type: none"> • To be completed on an individual unit basis and include:- • <i>Frequency and levels of observations.</i> • <i>Possessions / contents of room.</i> • <i>Management of high risk activities / areas within building.</i> • <i>Use of toilet / bathing facilities.</i>

Behaviours or Events	Level Of Risk and Response
<ul style="list-style-type: none"> • Has a history of self-harm, risk taking, or impulsive behaviour. • Has a history of poor stress coping mechanisms. • Has no clear intention to seriously self-harm. • Has given clear reasons for actions – but they no longer pose an obvious risk. • Has made previous attempt/s to self-harm without suicidal intent. • Obtained the means impulsively that day. • Is not fully aware of the potential effects of the methodology selected. • Made previous attempts to self-harm whilst others were in the vicinity. • Informed others of her/his actions. • Is glad s/he was not previously seriously injured or did not die. • May still be considering other forms of self-harm. 	<p>MODERATE RISK</p> <ul style="list-style-type: none"> • To be completed on an individual unit basis and include:- • <i>Frequency and levels of observations.</i> • <i>Possessions / contents of room.</i> • <i>Management of high risk activities / areas within building.</i> • <i>Use of toilet / bathing facilities.</i>
<ul style="list-style-type: none"> • Has no history of self-harm • Has no history of poor stress coping mechanisms • Has no intentions of, or a wish to seriously self-harm or die • Has given clear reasons for actions, which were never intended to pose risk. • Has made actions known to others appropriately • Accomplished self-harm whilst others were in the vicinity • Is not planning self-harm of any kind 	<p>LOW RISK</p> <ul style="list-style-type: none"> • As per Unit rules.