

## Self Harming

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### 1. Planning and Prevention

Broadly defined, self-harm refers to the deliberate attempt to physically injure oneself without causing death. This can include self-mutilation (e.g. cutting behaviours), self-poisoning, burning, scalding, banging, and hair-pulling.

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 should be outlined in a **Service 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, using 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, a risk assessment must be undertaken with a view to deciding whether a Strategy should be adopted to reduce or prevent the behaviour.

Any risk assessment must be conducted between the placements, the child's Social Worker and where appropriate any specialist advice or support should be sought in developing the strategy. Where possible depending on the individual needs the child should also be involved and consulted about any potential strategy.

That Strategy should be set out in the form of a plan, e.g. a **Placement Plan**.

If necessary, specialist advice or support should be sought.

## **2. Notifications**

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

### **2.1 Notifications of Minor or Non Persistent Self Harming**

Minor or non persistent self-harming should be notified to the manager/social worker at the first opportunity; the social worker will decide whether to notify the parents.

### **2.2 Notifications of Serious or Persistent Self Harming**

Serious or persistent self-harming is deemed to be an Incident; and must be notified to the Team Manager/social worker (On Call manager/ERT) as soon as possible.

The social worker should decide whether to inform the child's parent(s).

Depending on the seriousness of the self-harming, other people/agencies may have to be notified. The Contacts Appendix, describes who should be notified.

## **3. Recording**

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

### **3.1 Recording of Minor or Non Persistent Self Harming**

Minor or non-persistent self-harming should be recorded on the child's file, and in relation to children placed in foster care or children's homes, on the child's Daily Record/Occurrence Record/Log Sheet.

If first aid or medical treatment is provided, it must be recorded as set out in **Administration and Storage of Medication in Residential Care Procedure**.

### **3.2 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.

Please see **Incidents Guidance**, for details of the records that must be completed in the event of an Incident.

All Incidents must be subject to a Management Review. See **Incidents Guidance** for details of conducting Management Reviews.

If first aid or medical treatment is provided, it must be recorded as set out in **Administration and Storage of Medication in Residential Care Procedure**