City of Stoke-on-Trent

Self-Harm and Suicidal Behaviours Risk Reduction

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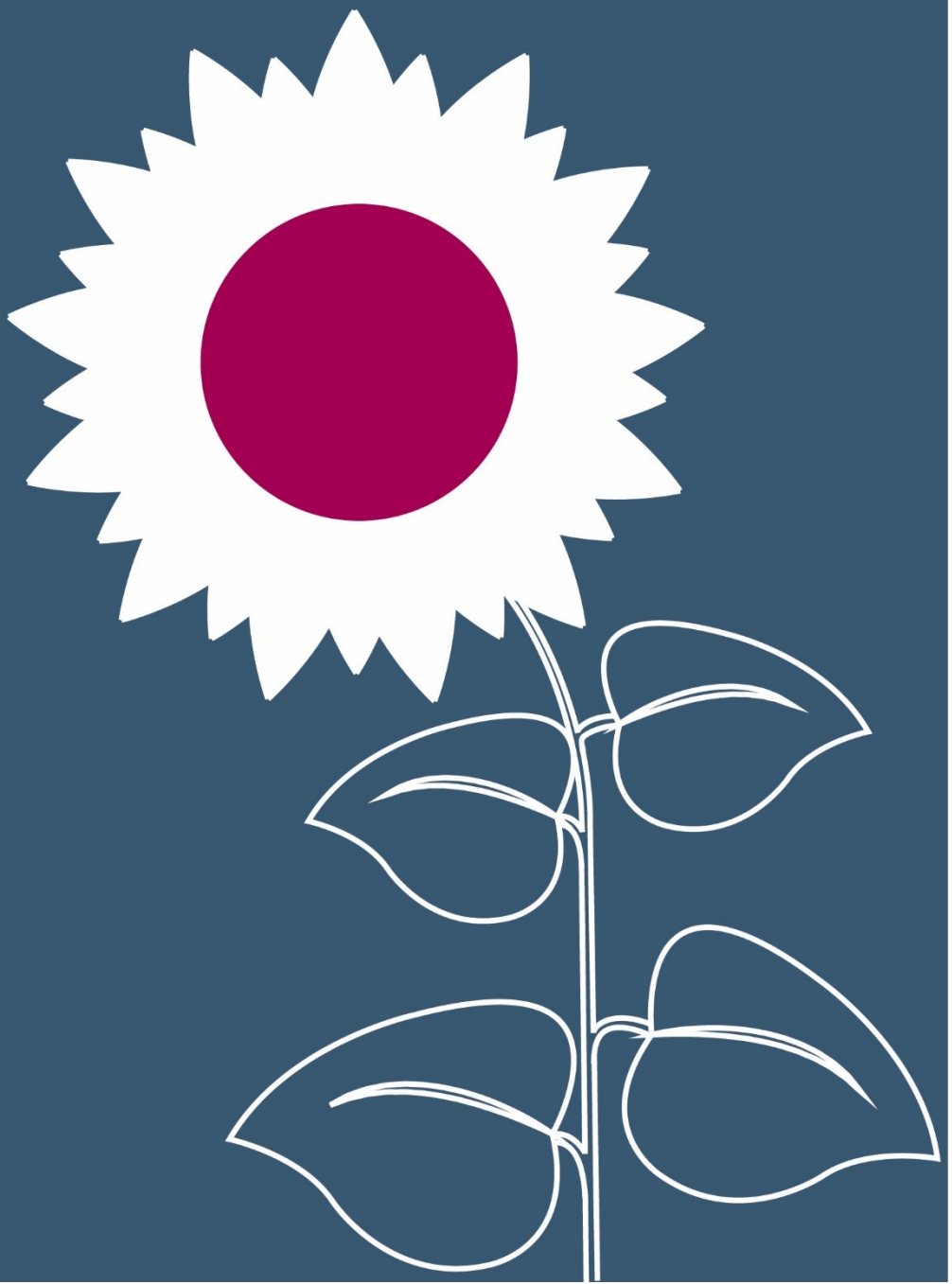
Review July 2025



INFORMATION SHEET

Service area	Children's Social Care
Date effective from	September 2024
Responsible officer(s)	Head of Service Small Group Homes
Date of review(s)	
Status: • **Mandatory (all named staff must adhere to guidance)** • **Optional (procedures and practice can vary between teams)**	Mandatory
Target audience	Residential Staff in the Small Group Home Service
Date of committee/SMT decision	
Related document(s)	
Superseded document(s)	
File reference	

Contents

1 Introduction

1.1 The City of Stoke-on-Trent is committed to ensuring that children in care have a positive experience of care and feel safe and secure within their placements.

1.2 Many children living in residential care have experienced significant trauma in their lives and are considered 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 means that clear guidance on how best to provide protection for children and reduce the risks from self-harm and suicidal behaviours is essential. These procedures should be read in conjunction with guidance on managing behaviour. **Ref: *Guidance for Behaviour management and the use of physical intervention in children's home.***

2 Aim of the Policy

2.1 This policy aims:

- To provide a consistent and proactive approach to the management of self-harm and suicidal behaviour;
- To provide effective guidance and support to workers in caring for young people who self-harm and display suicidal behaviours;
- To ensure support and protection and to reduce the risk of harm to young people from self-harm and suicidal behaviours;
- To prevent, wherever possible, the breakdown of placements;
- To raise awareness and promote the involvement of all those with corporate parenting responsibilities for developing strategies for reducing self-harm and suicidal behaviours amongst looked after children.

3 Definition

3.1 The term 'self-harm' refers to any intentional self-poisoning or self-injury that does not result in death, regardless of motive or the degree of suicidal intent. The most common form of self-harm is cutting but it could also include burning, hitting the head or limbs against objects or walls, scratching, interfering with existing wounds, pulling out hair, breaking bones, or self-poisoning with medications or other substances.

4 Legislative Context

4.1 The policy is in line with:

- **Suicide Prevention Strategy for England**
- **Self-harm: Assessment, Management and Preventing Recurrence NCS Guidance**
- **UN Convention on the Rights of the Child, Articles 3, 39**
- **Human Rights Act 1988, Article 2**
- **The Children Home (England) Regulations 2015 Regulations 10, 11, 12**

4.1 With regard to residential care, the **Care Standards Act 2000 Standard 18** states that there should be recorded risk assessments highlighting where bullying is an issue and what action should be taken to reduce or counteract the risk of bullying.

5 Why do Young People self-harm?

5.1 Self-harm is not a mental illness, but a behaviour. The reasons for self-harm are individual, varied, and often complex. For some young people, self-harm is a response to emotional distress; they may find the physical pain of injury a distraction that is easier to deal with than the mental pain that they are suffering or use pain to 'wake themselves up' from feeling numb and 'unreal'. For others, self-harm can be a form of self-punishment in response to feelings of self-loathing or perceived guilt. A few young people self-harm as a way of bringing attention to emotional suffering that is difficult to express in words. We all have coping mechanisms – it is just that some of them are harmful.

5.2 Self-harm in young people is relatively common. One in ten adolescents report having self-harmed. It is more common in girls than boys. Most young people who self-harm will stop before adulthood but for around one in ten it will continue into their adult lives (Moran et al., 2012). This resolution does not mean self-harm is not important, it is. It is almost always a sign of distress and is associated with various emotional, personal challenges and lived experience. There may also be symptoms of depression and anxiety.

5.3 The majority of young people do not self-harm in an attempt to end their lives but sometimes it can be a suicide attempt. Research shows an association between self-harm and an increased risk of suicide but it's important to remember suicide in young people is relatively rare. There is a risk of accidental death or serious injury from many forms of self-harm.

6 Myths about self-harm

6.1 There are many commonly held misconceptions and prejudices about self-harming behaviour, even among professionals. When managing self-harm, it can help to examine any preconceived ideas or worries you might have. Some common myths are detailed here.

6.2 Myth 1: Young people who self-harm are 'attention seeking'

Self-harm is often a deeply private behaviour, and young people may go to great lengths to hide it. Some young people may be feeling deep shame, ambivalence or distress. Some young people do reveal self-harm as a means of seeking support, because they may find it difficult to express what they are feeling verbally. This is not 'attention-seeking' behaviour so much as a communication of a need for help. The young person may well need attention, but the right attention, in the right way, which in turn may tend to decrease subsequent motivation to self-harm.

6.3 Myth 2: All people who self-harm are trying to end their lives

Some self-harm behaviours may be related to suicidal thoughts and plans. However, for many people, self-harm is a coping mechanism. Rather than trying to end their lives, young people may be using self-harm to manage their distress and carry on. There is a relationship between self-harm and suicide but while self-harm in young people is common, suicide is rare. You may well have heard that suicide is the 'biggest killer' of young people. This is because young people rarely die of other causes unlike older age groups. It's most helpful to try and understand the reasons and circumstances why a young person is self-harming, while also accepting that these motivations and factors may change.

6.4 Myth 3: Self-harm is something that happens in certain groups, subcultures, genders or ethnicities

Although self-harm is more likely to occur in some groups of young people, it is not exclusive to any of them. Self-harm can and does occur in all ages, abilities, sexes, genders, cultures, and ethnicities.

6.5 Myth 4: Self-harm means cutting

Many people do use cutting as a method of self-harm, and this is probably the most visible form. Unexplained cuts, burns or bruises may be signs of self-harm in a young person. However, there are other methods.

6.6 Myth 5: People who self-harm will 'just grow out of it'

The majority of young people who self-harm stop as they grow older but some people use self-harm as a coping mechanism later in their lives too. Some may stop for periods of time and start again later. Whatever the case, telling someone who is self-harming that they just need to 'stop it' is never helpful, may destroy your chance to engage with them and may avoid them seeking help from another trusted person.

6.6 Myth 6: If you are self-harming, then you are mentally ill

There is an association between mental illness such as depression, anxiety and trauma disorders and self-harm. However, self-harm is a behaviour, often a coping mechanism signalling distress, not a mental illness. Young people who are not mentally ill may nevertheless be using self-harm to cope with emotional distress.

6.8 Myth 7: Self-harm is very rare

It is difficult to know the real numbers of young people who self-harm. The private nature of the behaviour and the stigma associated with it mean that it is likely that many young people who self-harm do not seek help or if they do, not from health services. One in ten adolescents report having self-harmed.

6.9 Myth 8: Asking a young person about self-harm makes them more likely to do it

There is no evidence that a conversation with a young person where you try to understand their reasons and circumstances for self-harming makes them more likely to self-harm again or puts the idea into their head. In fact, non-judgmental conversations may encourage them to seek help in the future.

7 Who is at risk of self-harming?

7.1 Anybody can self-harm; do not make assumptions about behaviour based on a young person's gender, age, ethnicity, sexuality or background. However, research suggests that the following factors are associated with risk of self-harm.

- Living in a residential institution, e.g. boarding schools, the armed forces, prisons.
- There is some evidence that adolescent Asian females are at a higher risk of self-harming.
- Substance misuse.
- Alcohol misuse.
- Being lesbian, gay, bisexual or transgender.
- Bullying including online bullying.
- Socio-economic deprivation.
- High pressure at home or school.
- Learning disability.*
- Social isolation.
- Self-harm in peers or friends.

- Females are about four times more likely to self-harm than males. (Males are more likely however to use more violent methods of self-harm that can carry a greater risk of serious injury or death.)

- Existing or emerging mental health problems, e.g. depression, attention deficit hyperactivity disorder (ADHD), eating disorders.

- History of physical or sexual abuse.

- Significant adverse life events, e.g. academic failure, bereavement, relationship breakup.

- Family factors, e.g. mental health difficulties in parents/carers, parental conflict, drug and alcohol problems in parents/carers, family history of self-harm.

* There is evidence that young people with learning disabilities may be at a greater risk of self-harm. However, people with severe learning disabilities and impaired communication may sometimes display what appears to be self-harming behaviour, for example hitting or biting themselves, for other reasons. If the individual cannot communicate their intention and you are unsure, seek professional advice.

8 Signs that a young person may be self-harming

8.1 Self-harm is often a secret, private behaviour, and there may not be obvious warning signs. However, you may notice the following, especially if they are uncharacteristic.

- Cuts, burns, bruises or scratches that do not seem accidental.*

- Withdrawal and spending more time alone.

- Spending more time in the bathroom.

- Frequently appearing bandaged, particularly arms/wrists.*

- Low self-esteem and/or feelings of low worth.

- Substance misuse.

- Wearing long sleeves/trousers/skirts at all times, even in hot weather.

- Avoidance of activities that require changing clothes, e.g. gym, swimming.

- Frequent accidents resulting in injury.*

- Pulling out hair can result in bald patches.

- Low mood, hopelessness, lack of motivation, tearfulness.
- Anger or irritability.

* Keep in mind the possibility that injuries may not be self-inflicted; consider the possibility of abuse.

8.2 You may be the first person to notice these signs of possible self-harming behaviour. You may worry about what to do or about having a conversation with the young person when you don't know for sure. However, it's important not to ignore these signs. If you have any concerns about self-harm in a young person let them know that you have noticed a change in them and be open about your concerns in a calm, caring, non-judgemental way.

9 The internet, social media, online bullying and self-harm

9.1 Concern regarding the influence of the internet, social media and electronic communication on self-harm and suicidal behaviours has grown in recent years alongside their increased use, particularly in young people.

9.2 It is challenging for research in this area to keep pace with the changing digital landscape and usage trends, which makes the impact on emotionally vulnerable young people hard to gauge. However, in relation to self-harm and suicidal thoughts, the current view is that the internet has both positive and negative influences. For example, while images of self-harm may maintain periods of unhelpful thoughts, isolated young people can also find supportive contacts.

9.3 Systematic research reviews (Marchant et al., 2017) have identified significant potential for harm from online activity in relation to suicidal behaviours (normalisation, triggering, competition, online bullying) but also the potential to exploit its benefits (crisis support, reduction of social isolation, delivery of therapy, outreach to isolated groups).

9.4 Victims of online bullying are more than twice as likely to self-harm and enact suicidal behaviours (John et al., 2018). Perpetrators of online bullying are also more likely to experience suicidal thoughts and behaviours, although to a lesser extent. In fact, there is a link between engaging in online bullying and being a victim of it with at least one in twenty young people involved in both. This is where restorative practices become important and recognising these are all vulnerable children rather than either victims or perpetrators. School exclusion may exacerbate vulnerabilities.

9.5 Young people increasingly use social media to express distress which is an opportunity to help. It is always worth asking about internet and social media use, digital life, and experiences when talking to a young person who has self-harmed. When engaging with young people, it is important to maintain a balanced view about the internet and social media, to be aware of positive sources of information and support, to encourage online safety generally, as well as to support parents/carers to build their own understanding of cyber use.

10 Planning and Prevention

10.1 As part of Placement Planning, relevant information should be gathered and appropriate risk assessments put in place alongside relevant intervention strategies.

10.2 This should be regularly reviewed and monitored, through the Manager and the Multi-Disciplinary team attached to the home.

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

10.4 All reasonable measures should be taken to reduce or prevent continuation of the behaviour.

10.5 This may include providing additional placement and clinical 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.

10.6 If there is any suspicion that the child may be involved in self-harming or any attempts of suicide, the social worker must be informed and a risk assessment undertaken (if it does not already exist) 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 documents, including but not limited to, risk assessments, safety plans, therapeutic support plans and placement plans.

10.7 If necessary, additional external specialist advice or support should be sought.

11 What you can do

11.1 Discovering that a young person that you are working with is self-harming may affect you emotionally. It is important to recognise this, and while maintaining your own emotional well-being is important. Do not to let your own feelings compromise your response. Try to present yourself as calm and in control.

11.2 Try not to make any assumptions about the young person or their behaviour. Remain calm and non-judgemental, and listen empathetically.

11.3 Self-harm is often a very private behaviour and it may be very difficult for the young person to talk about.

11.4 If the young person has not opened up but you suspect that they are self-harming, then talk to them about your concerns in a safe, appropriate, and private setting. Give them a chance to open up, and be patient. Give them time to talk.

11.5 If the young person has opened up to you themselves about self-harm, it will have taken great courage to reach out to you. This may be the first time they have told anybody about their self-harm, and so your response will affect their willingness to seek any further help.

11.6 Use neutral terms like 'trying to end your life' rather than 'commit suicide', which implies an offence.

11.7 Be aware of any preconceptions and prejudices you may hold about self-harm and/or suicidal thoughts.

11.8 Remember that the apparent seriousness of any self-harm injury does not reflect the degree of emotional pain leading to it. Some groups of professionals working with young people may have experience in dealing with very serious injuries. However, even if a wound seems minor, comments like 'it's not that bad' or 'it's only a scratch' may be perceived as dismissive and make the young person unwilling to engage further.

11.9 Be honest from the beginning about the limits of confidentiality.

11.10 Don't make any promises you can't keep, but be willing to talk.

11.11 Ask them what they want to do, and try to plan the next steps together.

11.12 Higher levels of concern

Some things, as noted below, may indicate higher levels of concern:

- Having suicidal thoughts or feelings such as 'I want to die', 'I don't want to be here anymore', 'I don't care if I live or die'. It is ok to ask directly about suicide. This does not put the idea into people's heads.
- Previous episodes of self-harm – always ask about this in a sensitive non-judgmental way.
- Low mood or any change in mood.
- Hopelessness such as not seeing a way forward or a future for themselves.
- Changes in behaviour such as withdrawing or becoming disruptive.
- Self-loathing or low self-worth such as saying they are useless or everybody hates them.
- Previous abuse or exploitation.
- Bullying including online bullying.
- Issues around gender or sexual identity.

- Alcohol or substance abuse.
- Self-harm or suicide in close family or friends.
- Bereavement.

11.13 Listen to your ‘gut’ feelings, if in doubt speak to someone about your concerns.

11.14 What you can do:

- Explore with the young person the reasons and motives for their self-harm and the emotions they were experiencing before they self-harmed, e.g. anger, sadness, unreal.
- Explore their vulnerabilities.
- Discuss any triggers for their self-harm and whether they can be avoided or minimised.
- Explore any alternative coping strategies that they may have tried in the past and whether these helped.
- Find out if anybody else is aware of the young person’s self-harm.
- Explore/discuss any other support that you or the young person feel may be helpful, and signpost them to sources of information and help.
- Consider discussing possible distraction techniques and alternatives to self-harm.
- Make sure you look after your own well-being.
- Use supervision to talk through your worries and observations about the young person. Where there are serious worries regarding risk or the young person’s wellbeing an urgent discussion with your line manager outside of supervision will be needed.
- Carefully record in a timely manner your discussions with young people, their parents and the professional network. The child’s file needs to reflect the current concerns about the young person’s wellbeing and the safety plan around this.

12 Taking care of the immediate health needs

12.1 If the young person, or child, you are worried about has an injury that needs first aid or medical attention treatment should be sought from minor injuries unit or A&E. The seriousness of the injury will inform which service is most appropriate. Birth parents should be informed and consulted in accordance with good practice.

12.2 If there is risk to the young person, or child's life, the person with the child needs to ring 999 and request urgent assistance.

12.3 If there are serious concerns about the young person, or child's expressions of suicidal feelings an urgent request will need to be made to CAMHS.

13 Alternative strategies to self-harm

13.1 Some young people find that they can distract themselves from or delay an urge to engage in self-harm using other coping methods and distraction techniques. Some suggestions are detailed here, and there are links to more resources on possible coping strategies in Appendix A. The ideas below are suggestions from young people who have used them to help avoid self-harm and based on research. Any method might not work for a given individual and may take time to work. Try discussing some ideas and encourage the young person to find an alternative that suits them.

13.2 Distraction activities

- Going for a walk or other forms of exercise
- Listening to music or making a play list
- Reading
- Wordsearches or crosswords
- Self-soothing activities such as having a bath or making slime
- Building support networks
- Helping the young person identify people who they can talk to and knowing how to get in touch with them – this can be friends, family, a teacher
- Having a crisis line the young person feels comfortable contacting – this can form part of a written safety plan (see Appendix B) which includes those to contact in times of crisis. Coping mechanisms and alternatives
- Squeezing an ice cube in their hand or running it along the arm until it melts
- Hitting a soft object

- Breathing exercises, e.g. breathe in for a count of four then breathe out for a count of four being aware of stomach moving out as breathe in
- Counting, e.g. count 10 songs/singers/films/animals
- Stress ball
- Writing a letter to the person they are angry with expressing their feelings (but don't send it)
- Keeping a diary. It's important to encourage the young person to remove razors, medication and other means of self-harm from their room.

14 Self-care and supervision

14.1 Working with a young person who is self-harming and/or having suicidal thoughts can be difficult, exhausting and distressing. It is important to look after yourself. Remember, if you don't, you will be less able to help the young people, as well as putting yourself at risk of stress and burnout. Some kind of formal supervision can be helpful in managing the demands of working with distressed young people and their potentially upsetting circumstances. Take time to reflect on your own feelings, the actions that were taken and the outcomes, and talk through the process with your line manager. Monitor your own emotional and mental well-being.

14.2 Be aware of any distress, and seek help when and if you need to. Be honest with yourself about your emotions. Other things that some people find helpful when managing stress include:

- getting regular exercise
- trying yoga, meditation, mindfulness (see the MindEd for Families session on mindfulness available online https://mindedforfamilies.org.uk/Content/mindfulness/#/id/5a54ca222467748f64fe5c12) or other relaxation techniques
- accessing external support such as counselling

15 Information Sharing and Consent

15.1 If a young person opens up to you about self-harm, they are putting a great deal of trust in you. In this situation confidentiality will be very important to them but it's important to remember that you cannot promise total confidentiality.

15.2 It is better to be open with a young person about this acknowledging that their health, safety and welfare is paramount, and that you are obliged to share information.

15.3 Gain consent if possible and try to agree what will be shared with who. Encourage the young person to share the information themselves if possible and offer to support them in doing so.

15.4 Let the young person know who you will tell and what you will tell them.

15.5 Parents and schools need to know about potential risks to the young person so that they can be part of the plan to keep the young person safe.

15.6 This can be more challenging where there are worries about challenging family relationships, abuse or neglect. In these circumstances careful discussions will be needed with your line manager to develop a plan as to how risks can be managed and family members supported to respond to the young person's needs.

15.7 If the risk is imminent and the young person in immediate danger, it is important that you seek immediate help.

16 Suicide and suicidal behaviour

16.1 The term 'suicide' refers to death resulting from a self-inflicted act which had the intention to end life. Suicidal behaviour is self-harming behaviour which has the intended end effect of death. Suicide and suicidal behaviour can involve actions seen in other forms of self-harm such as cutting and self-poisoning. The only difference is in the motive behind the action. As our motives are not always clear even to ourselves, it can be very difficult for an outside observer to distinguish between self-harm intended as a coping strategy, and behaviour intended to result in death. To complicate things further, self-harm without suicidal intent is still associated with a higher risk of suicide at a later time. Warning signs that a young person may be suicidal It can be extremely difficult to tell if a person is suicidal unless they disclose it. Disclosure is the single most important warning sign for suicidal intent. If a young person tells you that they are suicidal, always take it seriously. You may or may not also notice the following.

- Giving things away, including things that they were reluctant to part with in the past
- Voicing morbid thoughts
- A fixation with death
- Hopelessness
- A lack of planning or concern for the future
- Hints that they will soon be gone, e.g. 'I won't cause you trouble for much longer'
- Disclosure of suicidal thoughts/intention/plans
- Evidence of planning, e.g. collecting medication, buying rope, writing letters or notes
- Low mood

- Changes to sleep/appetite
- Increased alcohol or substance use

16.2 Step-by-step guidance for managing suicidal thoughts and behaviour in young people:

Immediate assistance – suicidal thoughts If a young person discloses suicidal thoughts the following will help you deal with the situation.

1. Remain calm. Take any disclosure seriously. Reassure the young person that they have done the right thing in telling you.

2. Ask questions to try to assess the risk of the young person acting on any suicidal thoughts. Do not interrogate them, but be patient and give them time to talk. Important questions to ask include the following.

    - Are they saying that they have a desire to end their life?
    - How often do they feel like this? Is it constant, frequent, occasional or rare?
    - Are they talking about wanting to end their life now?
    - Have they thought about how they intend to attempt suicide?
    - Have they made definite plans? If so, have they already started preparing (e.g. writing a note, gathering medication, etc.)? The greater the evidence of planning for a suicide attempt, the greater the risk of the young person acting on their thoughts.
    - Have they already taken an overdose or other steps to end their life?
    - Have they made any attempts in the past? Was there something that helped to keep them safe?
    - Are there any protective factors which can help to keep the young person safe? (Protective factors are very varied and specific to the individual, but could include family, friends, pets, a sense of responsibility, religious/spiritual beliefs, etc.)
    - Do they have any plans for the future? How far into the future? For example, are they thinking about a holiday planned for next year, an event in a few months (a birthday or festival, etc.) or is there no evidence that they plan to be around for future events?
    - Are they alone or is there someone protective (e.g. a parent/carer) with them?

3. The answers to these questions can help to give some idea of risk. Generally speaking, higher risk correlates with greater frequency of suicidal thoughts, greater evidence of planning and preparation for suicide, less evidence of future plans, and less access to support and protective factors

4. Always seek advice and guidance from your line manager when a young person shares with you suicidal thoughts.

16.3 Step-by-step guidance for managing suicidal thoughts and behaviour in young people where there is a non-imminent risk of acting on suicidal thoughts

1. Keep talking to the young person. Make sure that they know that you are available to talk in future if they need to.

2. Signpost the young person to sources of information, support and help (see further information).

3. Discuss the importance of sharing the information with the young person's parents/carers (unless there is a clear reason not to, such as known or alleged abuse) and your line manager so that you have clear guidance as to further actions.

4. If possible, try to support the young person to share information with their parents/carers themselves. Parents / carers need to be aware so that they can support a safety plan to keep the young person safe.

5. Make a plan with the young person about actions to take if suicidal feelings recur or persist. It can be helpful to write this down and to give a copy to the young person to use as a 'safety plan' that they can refer to if needed. An example template for this sort of plan is found in Appendix B.

6. Speak to your line manager at the earliest opportunity so that a plan can be agreed for future actions. Keep records of all information, meetings and conversations.

17 What is a ligature?

17.1 This is an item or a series of items that can be used to cause compression of airways, resulting in asphyxiation and death. The ligatures could be attached to ligature points i.e., from a window/door hinge. They also could be used manually by the individual. Examples of ligatures could include belts, laces, torn sheets, flex and wires. It is important to note that this list is not exhaustive and articles such as socks, handkerchiefs etc can be linked together to create a robust ligature.

18 Notifications

18.1 Minor or non-persistent self-harming should be notified to the Manager and child's social worker at the first opportunity.

18.2 Serious or persistent self-harming, *expression of thinking about or wanting to commit suicide* or attempted suicide must be notified immediately to the Home's Manager. *The Head of Service must also be notified as soon as practically possible, along with the relevant social worker, Consultant Psychologist and any CAMHS workers involved with the Young Person*. The social worker should be consulted and consideration given to whether a Child Protection Referral should be made.

18.3 The Registered Manager should give consideration as to whether the incident should be reported as a Notifiable Event, see Inspection Procedure

19 Risk Assessment and Provision of Ligature Cutters

19.1 All young people who display risks of self-harm or suicidal behaviours will have complete risk assessment carried out.

19.2 The environment must be assessed for ligature points and all staff must be aware of the risks in each area of their workplace.

19.3 A risk assessment for provision of ligature cutters must be carried out in all areas where there is a risk of self-harm or suicide attempts. Where it is identified that ligature cutters should be provided, a further assessment based upon the predicted frequency of incidents will indicate the number of cutters to be provided to allow for provision whilst devices are sent for sharpening after use.

20 Storage of Ligature Cutters

20.1 Ligature cutters should be stored, as locally agreed, easily accessible to staff but inaccessible to young people. Ligature cutters must not be moved from designated locations without ensuring all staff in the home are aware. Cutters must never be removed from the agreed storage point, except for use, and must be replaced with a sharpened set immediately after use.

20.2 Daily checks must include ensuring that cutters are located in the identified place.

21 Mandatory Procedural Requirements

21.1 Any staff member may be required to use a ligature cutter in an emergency. It is essential that all staff, working in areas where ligature cutters are provided, are trained and feel confident to use the cutter.

21.2 The following considerations must be made:

- Where possible, staff must avoid cutting the knot, as this may be required for forensic investigation.
- Appropriate treatment must be given following the removal of the ligature. Where indicated, resuscitation should be attempted in line with First Aid training and current resuscitation guidance.
- Following removal of a ligature the young person must be reviewed by at hospital.
- Staff must retain the cut ligature for later inspection. In the event of injury to the young person, or fatality, the ligature will form part of the investigation. Where part of the ligature remains attached to a ligature point, it should not be removed until this has been authorised by the Police.
- In the event of a fatality, the room and all of its contents must not be touched or moved and the room secured to prevent anyone accessing it until the Police have arrived. The ligature must be left in the room.
- If there are any injuries relating to the cutter being used, these must be recorded.
- All relevant documentation relating to a serious incident must be completed. In the event of death, the guidance on reporting incidents should be followed.
- Immediately following use, the cutter that was used, must be replaced with a sharpened, decontaminated cutter from stock. Local arrangements will indicate where this will be sourced from.

22 Cleaning and Sharpening Procedures Following Use

22.1 The ligature cutter is classed as a multiple patient use device and as such must be decontaminated between uses.

22.2 As a critical safety item, relying on its sharpness to save life, cutters must be sharpened after every use. The sharpening process is contracted out and also includes decontamination. The device should however, be cleansed of any bodily fluids before sending for sharpening.

23 Incident Management

23.1 Follow this basic 5 Point Rescue Plan:

1. **Summon Help –** Shout, press alarms, send for assistance.

2. **Enter Area –** Carry out a dynamic risk assessment - is it safe to enter? Are there any further dangers? Can you get to the victim? Where are you?

3. **Support Victim –** Take the weight off the ligature by supporting the weight of the victim using an appropriate hold.

    - Cut supporting anchor away from anchor point, preserving the knot for evidence

    - Rescue victim, guide to floor if possible or manage behaviour accordingly

    - Cut Ligature – using the correct method and tool cut the ligature at the side of the neck, along the groove below the ear, avoid direct pressure on spine or windpipe

4. **Aftercare –** Ensure the incident is correctly reported as follows:

    - Continue first aid obs as necessary (ABC & Laryngeal inspection)

    - Treat as potential spinal injury, supporting head and minimising movement

    - Support other residents during disruption

    - Submit an incident report in accordance with company policy

    - Support further learning and development of other staff and policy

    - Sanitise and sharpen knives if needed

23.2 Staff should ensure their safety before attending a ligatured person. The individual may have weapons about their person (e.g. sharps which have been used as part of a self harm attempt.) Staff should also be aware of the location of the young person, as well as other young people and visitors who could present a risk. Staff should ascertain whether the ligature itself may present a risk e.g. pressurised lines and live electrical cables may be used to hinder rescue.

23.3 A ligature cutter is most effective when used to cut softer and thinner materials e.g. Shoe laces, string, linen, headphone cables and similar. The ligature cutter will cut tougher materials e.g. leather, towelling, some steel cables, electrical flexes, but more effort may be required and the cutting process may take longer.

23.4 Staff should avoid cutting through any knots, as in addition to damaging potential evidence, it also makes a removal attempt more difficult owing to multiple layers at the point of the knot.

23.5 To optimise the use of the ligature cutter, the rounded and blunt end should be initially placed flat against the person's body so that it can slid under the ligature.

23.6 Where possible, it is recommended to try and cut to the side of the neck. The natural soft tissues and hollows may ease the insertion of the cutter blade. This will also reduce any pulling onto the airway upon cutting (as would occur if the cutter is inserted at the back) and reduce likelihood of causing further trauma to the airway, as may occur if inserting from the front.

23.7 Once the ligature cutter has been located between the person's body and the ligature, the ligature cutter should be turned so that the sharp edge of blade faces the ligature i.e. with the opening away from the person.

23.8 At this point staff should pull away from the person's body, using a rocking or sawing motion, so that the ligature cutter cuts through the ligature material.

23.9 In situations where the person resists actions to remove the ligature, it may be appropriate for staff to restrict the person's ability to struggle, especially where the struggling behaviour increases the risk(s) presented by the ligature, or by the use of the ligature cutter by staff. In such situations, staff should employ appropriate holding skills, sensitive to the needs of the person, in accordance with current practice guidelines and training to facilitate the safe removal of the ligature.

24 Suspension Strangulation Incidents

24.1 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: Situations involving ligatures will generally fall into two main categories:

- "Suspended strangulation" – where a person has tied a ligature around their neck and attached this to a fixed point so that their body weight is supported by the ligature and its fixing; and

- "Ligature unsuspended" – where a ligature is tied around part of the body to restrict breathing or blood-flow. Outline advice for each of the above is provided below.

24.2 **Suspended Strangulation (hanging) -** In the event of suspended strangulation, it is important to elevate the person and to support their body weight wherever possible, at the earliest opportunity. If staff, make attempts to do this it is important that they should try to adopt and maintain the principles of manual handling to reduce the risk of injury to themselves during this high-risk manual handling activity.

24.3 As soon as the body weight is supported, or immediately if this is not possible for any reason, the ligature should be cut at a central point between the person's neck and the suspension point so that there is a minimal interference with any potential investigation scene. The person should then be lowered to the floor.

24.4 If the ligature remains in place around the person's neck (or other body part) it should be removed using a ligature cutter. Staff should make every effort to cut the ligature at a point that is distant from any knot that may be present because the ligature and any knot can provide significant forensic evidence to any police investigation.

24.5 In situations where the person resists the staff actions to remove the ligature, it might be appropriate for staff to restrict the person's ability to struggle, especially where the struggling behaviour increases the risk(s) presented by the ligature, or by the use of the ligature cutter by staff. In such situations it is expected that staff will employ appropriate holding skills, in line with PRICE training, that are sensitive to the needs of the person and the safe removal of the ligature.

24.6 **Ligature (unsuspended) -** The ligature should be removed as described. If the person resists, then staff should act in accordance with the advice provided.

25 Recording and Review

25.1 All self-harming must be recorded in the child's records.

25.2 An Incident Report and Incident, Injury, Near Miss form must be completed.

25.3 Multi-disciplinary risk management meeting should be arranged as appropriate to review strategies in place and resources available to support the young person.

25.4 The child's records should be reviewed with a view to incorporating strategies to reduce or prevent future incidents. This includes, but is not limited to, risk management plans, safety plans, therapeutic support plans and placement plans.

25.5 If First Aid is administered or medical attention sought, details must be recorded.

26 Further Information

References

John A, Glendenning AC, Marchant A, Montgomery P, Stewart A, Wood S, Lloyd K, Hawton K (2018). Self-Harm, Suicidal Behaviours, and Cyberbullying in Children and Young People: Systematic Review. Journal of Medical Internet Research 20(4), e129. DOI:10.2196/jmir.9044

Marchant A, Hawton K, Stewart A, Montgomery P, Singaravelu V, Lloyd K, Purdy N, Daine K, John A (2017). A systematic review of the relationship between internet use, self-harm and suicidal behaviour in young people: The good, the bad and the unknown. PLoS ONE 12(8), e0181722. DOI:10.1371/journal.pone.0181722

Paul Moran, Carolyn Coffey, Helena Romaniuk, Craig Olsson, Rohan Borschmann, John B Carlin, George C Patton (2012) The natural history of self-harm from adolescence to young adulthood: a population-based cohort study. Lancet; 379: 236–43

Statutory Guidance and Government Non-Statutory Guidance

Suicide Prevention Strategy for England

Suicide Prevention: Resources and Guidance

Self-harm: Assessment, Management and Preventing Recurrence NICE Guidance

Useful Websites

Mind

The Mix - Essential Support for Under 25s

National Self Harm Network

Papyrus

Young Minds

NHS Choices – Self Harm

NHS Choices – Suicide

Self-Harm in Young People: For Parents and Carers

NSPCC

Where to get help for self-harm

Additional resources, sources of support and contact details

NHS (non-emergency): 111 | Emergency: 999

Papyrus: 0800 068 4141 | Samaritans: 0808 164 0123

LGBT Listening Service: 0300 330 0630

Crisis Care Centre: 0800 0328 728

Dove (bereavement service): 01782 683155

Changes/ Wellbeing: 01782 418518/ 07983437752

SHOUT (Text): 85258

CALM (Males Only): 0800 585858

Younger Minds: 01782 262100

Brighter Futures 24/7: 01782 234233

Childline: 0800 1111

Apps

Headspace – Meditation

Sam – Managing Anxiety

Virtual Hope Box – Positive Thinking

ClearFear – Anxiety

Move Mood – Low Mood

DistrACT – Distraction Techniques

Whatup – Stress and Anger

Happime – Confidence and Self Esteem

Other resources for use with young people

Distractions.pdf (nshn.co.uk)

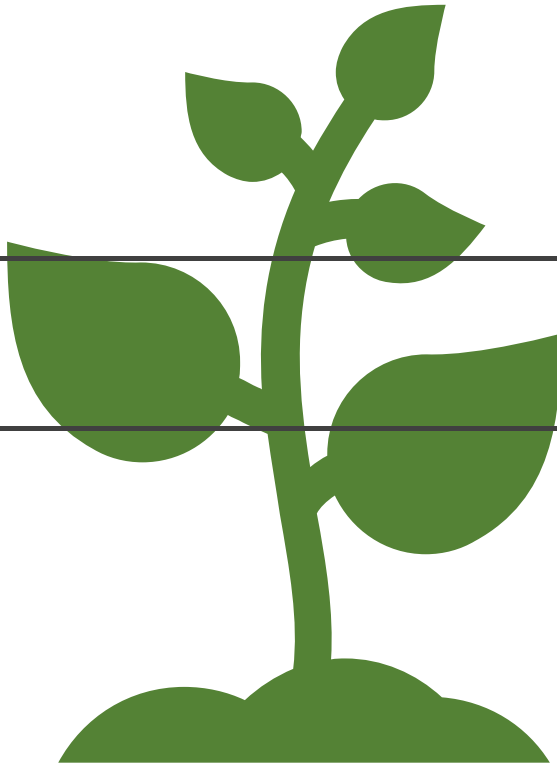
distraction-techniques-pm-2.pdf (cornell.edu)

My safety plan

If you've had thoughts about ending your life, this plan can help you when you're having upsetting thoughts and feelings. It works best if you write it with someone else you trust, like a teacher, your parents/carers or your doctor. Sometimes when people are in a crisis, it's hard to think clearly. With a safety plan, you've got everything written out ready so it's to hand when you need it.

My name is: _____

Completed with: _____



1. Warning Signs

These are the changes in how you feel and the way you act that you can watch out for and to know that you might be at risk of a crisis.

2. Things that I want to live for

These are all the things that are important to you. Sometimes when people are in crisis it can be hard to remember all the reasons that you have to stay alive. If you write down everything – big and small – that you care about, it can help to remind you when they're hard to remember.

3. Things I can do to make myself safer

Things that you can do or change, either now or if you think you're at risk of a crisis, to make your environment and surrounding less of a risk.

4. Things that can distract me

Activities and ideas that you can use if your distressing thoughts are hard to ignore.

5. Things I enjoy

It can help to have some ideas about places you can go, people you can see and things you can do to improve your mood.

6. People I can talk to

Family, friends and other people you trust that you can talk to if you need to get things off your chest. You could also put contact details for support lines here.

7. Services that can help me

Details of services or professionals that you've had contact with who can help you if you need them. Remember, if you don't feel that you can keep safe, you can go to your GP, to an out of hours GP or to A&E for help.