

# Clayton Croft Suicide and Self-Harm Policy SO-0008

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**This policy should be read in conjunction with the Clayton Croft Suicide & Self Harm Procedure SO-0008-001-0423.**

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## Purpose

The purpose of this policy is to ensure safe and supportive practices when working with children who display suicidal tendencies and ideation, and threaten to, and or, engage in self-harm. The Policy and supporting procedure documents set out to:

- Provide a framework for self-harm and suicide risk management
- Advise around risk assessments and risk management plans on reducing the risks of injury or death and ensuring the safety and physical and emotional wellbeing of children resident at Clayton Croft
- Recording and reporting protocols
- Supporting stress and the emotional wellbeing of all staff supporting and managing children who self-harm and express potentially suicidal behaviour

This Policy looks to support children who may engage in the following behaviours of concern:

- Threaten to self-harm, including threats of suicide
- Self-harm
- Self-mutilation (Cutting etc)
- Engage in and express suicidal ideation
- Attempts of Suicide
- Ligature tying (Attempts to/completion)

In reference to the term 'self-harm', we are addressing the concerns and risks around children that cause injury to themselves, typically as a manifestation of a psychological or psychiatric disorder. This is opposed to the reference to the term Self Injurious Behaviour (SIB), that is covered in more depth in Positive Behaviour Support (SO-0007).

## Introduction

Generally speaking these types of behaviours are largely associated with adolescence, though are also reported when working with adults and younger children. Although not necessarily directly linked to Autism, for children that are deemed higher functioning, with potential dual diagnosis of Mental Health conditions, self-harming behaviours, and threats of suicide are becoming more common and with that, comes an increased awareness of such behaviours.

As a response to the level of risk involved in supporting children who present such behaviours of concern, it is essential that we, as an organisation, are responsive to the needs of the people we support and staff. We do our utmost to reduce risk through robust individual risk assessment and risk mitigation processes and understanding and maintaining our duty of care in this area.

An essential part of this is understanding the underlying needs around the presentation of the behaviour (The Function), primarily, it is a form of communication around an individual feeling emotionally distressed. Our staff teams need to be aware of the needs around this, alongside any medical support that may need to be given at the time of the behaviour being performed.

Where new mental health concerns emerge whilst a child is resident at Clayton Croft, multi-agency assessments would be carried out to support the better understanding of, and develop supporting strategies for, such behaviours of concern.

As an organisation we are duty bound to support staff and the people we support to find safer ways to communicate and meet their needs, with no harm coming to the person wherever possible.

## Threats of Self Harm / Actual Self Harm or Suicide

Threats of self-harm and actual self-harm include a range of actions, from statements to self-harm or/and to a display of self-harming behaviours, to suicide. In definition self-harm requires not only the threat of self-infliction of injury, but also an awareness of rationale and function. The understanding of the function is significant because it is what separates self-harming behaviours from other types of behaviours associated with adolescent risk taking and experimental behaviours.

Children with Autism can present with significant behavioural and emotional difficulties. Behaviours can frequently become extreme and result in severe levels of harm. In some cases, more commonly in adolescence, such behaviours can be seen as being experimental.

Some displays of behaviours such as self-cutting, self-strangulation or the individual deliberately placing themselves 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 or reckless behaviour through, for example, absenting from care or self-injury through aggression.

Although acts of self-harm and attempted suicide do not necessarily involve an intention to die, there is a strong association between self-harm, attempted suicide and subsequent death by suicide. Self-harm is always a sign of something being seriously wrong. Every child who self-harms must be taken seriously and given/offered the right support.

## Assessing Risk Factors and Developing Risk Management Plans

Reference to risk management plans can be found in the Restrictive Practice Policy (RRN Standards) – SO-0039.

The reasons why children often present self-harming behaviours are often complex and varied but generally related to a combination of factors which include:

- Diagnosis (Autism, Mental Health)
- Past experience of and on-going trauma
- Significant and continuing stressors in their lives
- Emotional or behavioural development
- Absence of self-care
- Lack of correct or appropriate therapeutic support
- Lack of other coping strategies to self-manage and/or reduce behaviours of concern

To identify the potential likelihood or probability of self-harm, it requires an assessment of a range of factors indicating risk and need, and an assessment of the risk opportunities. This assessment will determine the need for a risk management plan and if possible should include correctly identifying underlying factors. To formulate a risk management plan, it should be a coordinated and collaborative effort, and have the input of a number of people and professionals who may be involved or have expertise to offer:

- The child (when and where appropriate)
- Parents/Family
- Social Worker
- Behaviour support/Clinical Services such as CAMHS or LD CAMHS
- Trained Risk Assessor
- Key staff from the child's school including teachers and teaching assistants, keyworkers, service managers
- Health and safety and MCB team (if needed)
- Mental health first aider

## Collaborative Working with Other Agencies and Professionals

Children who have a history displaying self-harming, or suicidal behaviours may already be involved with other services that have expertise in addressing, or reducing such behaviours. Such services should be identified during the initial referral and placement planning processes. If a child is not involved with such services, the team should consider making appropriate referrals, or seek consultation as part of the care planning and positive behaviour support guidelines. This may include referrals to therapy services such as Children & Adolescents Mental Health Services (CAMHS).

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 achieving the best outcomes for the child. It is essential that other agencies and professionals acknowledge that they play a significant role in assisting to formulate collaborative intervention strategies and implementing agreed management plans as part of joint working and in the best interests of the child.

Children who are looked after have a higher likelihood of having experienced significant trauma. Where trauma needs are out of the scope of local services such as CAMHS, Clayton Croft will work with the placing authority to ensure the child accesses appropriate therapeutic support, such as through commissioning bespoke services.

## Reporting and Recording Requirements

Accurate and timely recording on the child's incidents related to self-harm is incredibly important as this information assists in developing, formulating and reviewing the self-harm management plan for those who engage in self-harming behaviours as well as ensuring the child has appropriate medical attention.

Recording of self-harm incidents must include what steps were taken to ensure the child's medical wellbeing, such as first aid, calling 111, attending A&E.

Recording must also clearly state what materials were used (if any) to self-harm, in order for the environment to be assessed for further hazards.

## Considerations for Good Practice

When dealing with self-harming behaviours the primary concern must be for the child's immediate safety. However, staff will also need to be proactive in providing the individual with appropriate skills and strategies to understand the rationale and function for the behaviour.

They should engage with the child to consider the risks involved and educate them in support strategies to help regulate, reduce and/or eliminate the behaviour for themselves. This can only be achieved through developing positive and trusting

relationships between staff and the child, which will enable them to evaluate and recognise the effectiveness of agreed strategies.

Self-harming behaviours and acts of self-harm by children can often have a distressing and traumatic impact on all those involved in ensuring their safety and wellbeing, including support staff, teachers, service managers and professionals involved in the persons support. When working with children who self-harm or are at risk of suicide, staff will be supported to reflect on the impact of such incidents.

In situations where staff are involved with an individual who is actively self-harming or suicidal, they should, in consultation with the registered manager/principal, ensure there is a plan in place to support them to manage the negative effects that an incident of self-harm or suicide may cause staff and other children accessing our services and schools.

This may be possible through systems already in place (supervision, team support meetings, reflective practice, incident and post-incident analysis and debriefing) but may also require additional support from other areas of the organisation or external services.

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

When an incident/attempt of self-harm or suicide occurs with no previous history relating to the individual, it is essential that the staff respond in line with the 'Managing Signs of Stress' training and the 'Restrictive Practice Policy SO-0039'. We respond when there is a present and immediate danger to the person or others. We should always act to prevent a child being allowed to injure or cause themselves harm.

## Training

Staff will receive information/training regarding the use of the ligature cutter from a qualified trainer. **Only** staff that are fully trained in the use of, have read the specific support guidelines for the child in question and have read the local protocol, should use the ligature cutters.

Training will include information relating to the physiological risks and effects of ligature as well as demonstration and practice of how to open, lock open, use, unlock, and fold away the ligature cutter.

After staff have received information/training relating to ligature cutters in practice, they must familiarise themselves with the location and access to ligature cutters at Clayton Croft.

## Responsibilities of Staff at Clayton Croft

### Staff directly in contact with child

- Be familiar with the child's care plan, risk assessment and behaviour support plan
- Take immediate action to seek to ensure the safety of the individual, including seeking medical attention and recording the outcomes of this medical attention
- Inform shift leader/teacher on duty of any concerns as soon as practicable
- Record incident in line with recording and reporting procedures and protocols

### Shift Leader

- Manage immediate response to include level of supervision is sufficient and that medical attention has been sought
- Inform all staff on duty
- Notify registered/call manager of risks presented and regular updates as appropriate, particularly where there is significant increase in risks being displayed or identified
- Ensure support plan is implemented throughout the shift/day and sufficient actions have been taken to seek to ensure the safety of the individual
- Ensure relevant incident reports, daily records and any other relevant documentation is complete.
- Ensure parents/carers and allocated social worker are promptly informed as appropriate.
- Ensure a comprehensive handover occurs as appropriate including details of support plan and measures in place
- Work in collaboration with the management team to address any ongoing issues and shortfalls, including the implementation of a self-harm management plan and any actions in terms of support guidelines and Risk Assessment (RA) updates
- In consultation with registered or on call manager/teacher, complete any notifications to LADO and/ or Ofsted

### Registered Manager / On Call Manager

- Oversee shift leader's response to plans for the child at risk of suicide and self-harm to ensure correct actions are taken to safeguard the person and manage process and address any shortfall

- Ensure child's allocated social worker is aware of concerns
- Ensure relevant referrals have been made to local mental support i.e. CAMHS
- Contact Safeguarding Lead, Safeguarding Advisor for Children & Young People or Director of Education and Children's Services to provide relevant information
- Seek to ensure all reactive strategies and protocols have been adhered to and recorded appropriately
- Monitor and review all recorded incidents to consider Ofsted notification
- Ensure all possible steps have been taken to ensure hazards have been removed from child's environment
- Oversee and agree updating of relevant documents (Individual Risk Assessment (RA), Positive Behaviour support plans including risk management)
- Seek to ensure that appropriate mechanisms to support staff and other children involved that may have been affected by the incident are implemented, including any further training required by staff
- Ensure staff are aware of contact number for local crisis team
- Multi agency meeting to be arranged as soon as possible to discuss plans moving forward

### Relevant Clinical/Therapeutic Team

- Ensure Individual behaviour support plans, risk management plan and risk assessments are updated to reflect the incident and any changes to strategies for the person
- Identify individual work in consultation with management team to reduce risks of self-harm and suicide
- Inform other professionals including social workers, therapy service, education provision, CAMHS/CMHT's and family members