

## 1.14.17 Understanding and Managing Self-Harming Behaviours

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### Regulations and standards

#### England

- [Regulation 10: The health and well-being standard](#)
- [Guide to the health and well-being standard](#)
- [Regulation 11: The positive relationships standard](#)
- [Guide to the positive relationships standard](#)
- [Regulation 12: The protection of children standard](#)
- [Guide to the protection of children standard](#)
- [Regulation 19: Behaviour management and discipline](#)
- [Regulation 23: Medicines](#)

#### Wales

- [Regulation 15: Personal plan](#)  
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/15/made>
- [Regulation 18: Provider assessment](#)  
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/18/made>
- [Regulation 25: Respect and sensitivity](#)  
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/25/made>
- [Regulation 33: Access to health and other services](#)  
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/33/made>

### 1. Purpose of Policy

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In keeping with the organisations values, vision and aims, this policy aims to address the issue of self-harm across Care and Education settings within Bryn Melyn Care. This includes:

- Information to support carers in gaining an understanding of self-harm including prevalence and reasons why people self-harm;

- Guidance on how best to offer support to young people both in the short and long term following self-harming incidents;
- How to support carers who come into contact with people who self-harm;
- To provide clear procedures for carers, education staff and clinical staff around issues of self-harm- including individual responsibilities, reporting procedures and timescales and record keeping.

## 1.2 Who was consulted in the writing of this policy?

Young people, care staff, teaching staff, clinical staff, and local safeguarding personnel.

## 1.3 What other policies does this relate to?

- 1.9.3 First Aid, Home Remedies and Prescribed Medication;
- 1.14.7 Ligature Cutting Policy;
- 1.14.11 Risk taking and Assessments Policy;
- 4.1 Health and Safety Policy;
- 4.16 Emergency Procedures;
- 4.20 Information Sharing and Escalation Procedure;
- 5.1.19 Incidents - General Guidance;
- Ligature Policy;
- Suicidal Behaviour Policy;

## 2. Terminology and Definitions

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The terms self-harm and self-injury tend to be used interchangeably. Generally speaking the term self-harm relates to any action that causes harm to oneself, whilst the term self-injury relates to a deliberate self-inflicted injury to the body. The intention of this act can vary. For the purpose of this policy Bryn Melyn Care refers to self-harm as an intentional act of self-injury irrespective of the type of motivation. Self-harm is a complex set of behaviours which is difficult to narrowly define. The definitions below provide a general understanding for widely used terms.

- **Self-harm:** A variety of behaviours that cause harm to oneself irrespective of the motivation or intention (NICE, 2011);
- **Self-injury/Self-injurious behaviours (SIB)/Nonsuicidal self-injury:** Any deliberate, non-suicidal behaviour that inflicts physical harm on your body and is aimed at relieving emotional distress (LifeSIGNS, 2008);
- **2.1.3 Deliberate self-harm(DSH)/non-fatal deliberate self-harm:** The word deliberate is no longer used because it can be considered judgemental and it has been argued that the extent to which the behaviour is 'deliberate' or 'intentional' is not always clear (NICE, 2011);
- **Self-mutilation:** The mutilation of oneself, especially as a symptom of mental or emotional disturbance (Oxford Dictionaries);
- **Parasucide:** The deliberate infliction of injury on oneself or the taking of a drug overdose as an attempt at suicide which may not be intended to be successful (Collins English Dictionary);

## 3. Background Information

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### 3.1 Prevalence

Self-harm is common, especially among younger people. A survey of young people aged 15–16 years estimated that more than 10% of girls and more than 3% of boys had self-harmed in the previous year. For all age groups, annual prevalence is approximately 0.5% (NICE 2011).

In 2014, figures were published suggesting a 70% increase in 10-14 year olds attending A&E for self-harm related reasons over the preceding 2 years ([www.selfharm.co.uk](http://www.selfharm.co.uk))

Figures from the Health and Social Care Information Centre showed an increase year on year of 10-14 year olds admitted to hospital due to self-harm.

Number of 10 to 14 year olds admitted for self-harm					
	2009-10	2010-11	2011-12	2012-13	2013-14
Boys	454	489	483	577	659
Girls	3090	3416	3380	4088	5953

Young people living in residential care are at increased risk of self-harm due to their complex histories, poor self-regulation and poor coping skills.

Since 2014, evidence has suggested that self-harm has continued to increase amongst young people.

### 3.2 How do young people self-harm?

There are a number of ways in which young people may inflict harm upon themselves, below is a list of self-harming behaviours which young people may exhibit (**NB:** this list is not exhaustive.)

- Cutting, often to the arms or legs using razor blades, broken glass, or any other sharp object;
- Scratching, picking, biting or scraping skin;
- Burning using cigarettes or caustic agents;
- Punching and bruising;
- Inserting or swallowing objects (sharp objects or harmful substances);
- Head banging (hitting themselves against objects);
- Hair pulling (hair or eyelashes);
- Self-poisoning/ overdosing.

(Mental Health Foundation 2006).

### 3.3 Why do young people self-harm?

Any one case of self-harming will have a unique group of motivations underlying it. At Bryn Melyn Care we recognise that there is no single reason as to why a young person may choose to harm himself or herself; underlying functions are likely to be multifaceted for each individual and for each instance of self-harm.

When working with young people we recognise that there are a number of risk factors associated self-harming behaviour which may include: pressures to conform, academic pressures, power imbalances, loss and bereavement. In addition, many of the young people we care for will have experienced

significant disruptions in their early environment, attachment difficulties, trauma and abuse. As a result they are likely to present with complex behaviours, increased mental health difficulties, including mood disorders, complex personality difficulties and trauma responses.

Research suggests that self-harm behaviours can be a way of coping with crisis, provide comfort and expressing feelings of powerlessness and low self-worth. In addition they may be a way of achieving a sense of control in an otherwise uncontrollable environment. Furthermore, self-harm may reduce feelings of guilt and shame and communicate distress to others (Sutton, 2005).

Young people who self-harm often feel unheard or find it difficult to express their emotions. In the words of young people:

*"I don't really like school and nick off as much as I can. There's always arguments at home so I go out and hang around with a group of lads and lasses. We all drink a bit; sometimes I cut my arm with a bit of broken glass. It feels good, but then I regret it the next day when I see the scar." (Dimmock, 2008:45)*

*"I cut myself when I'm angry, it hurts but it helps my anger." (Dow, 2004:2).*

*"The thoughts are in my head every day, I can't take it. Cutting myself is the only way I can deal with him being around." (Dow, 2004:2).*

*"Cutting takes my mind off things, when I'm unhappy about myself, the way I am." (Dow, 2004:2).*

*"People often link self-harm to suicide but for me it was something very different; it was my alternative to suicide; my way of coping even though sometimes I would wish my world would end." (MHF; CF, 2006: 28).*

### **3.4 Impact of self-harm on staff members**

It is recognised that professionals who work with young people who self-harm are vulnerable to experiencing adverse personal and professional affects as a result of these behaviours. Research notes that regular training, reflective supervision and debriefing should be available to staff members to support them on a personal and professional level. Following an incident of self-harm within Bryn Melyn Care support to staff should be offered by other members of the care team including the Registered Care Manager and Deputy Care Manager. Space should be made to reflect on this in individual supervision and/ or team meetings as appropriate. Additional support should also be available from the Allocated Clinician. Additionally, all staff members are able to access support from Health Assured Employee Assistance Programme.

## **4. Roles and Responsibilities**

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### **4.1 The organisation will:**

- Support all staff to manage self-harm effectively and safely;
- Provide clear procedures for reporting and managing self-harming behaviour;
- Provide appropriate training to staff in relation to self-harm;
- Allocate a Designated Person (Clinical Administrator) who will be responsible for keeping a log of self-harm incidents. In the absence of this person another clinician or appropriate staff member will be the designated person.

#### **4.2 Care, education and clinical staff will:**

- Listen to young people in emotional distress calmly and in a non-judgemental way;
- Be aware of health and safety issues such as first-aid and housekeeping if a self-harm incident takes place in the home or at school (see First Aid Policy, Safeguarding Policy);
- Be responsible for completing accurate, comprehensive documentation of the expected behaviour and the interventions to be used to manage this. This includes identifying it on the impact assessment, the integrated placement plan, on the risk management plan and the young person's Individual Behavioural Support Plan (IBSP);
- Not make promises (e.g. assuring confidentiality) which can't be kept;
- Reassure young people that in order to seek health and happiness people need to know about their problems so that they can help;
- Guide young people towards seeking health and happiness, offer assistance with problem-solving and non-harmful ways to deal with emotional distress;
- Encourage young people to access help and support;
- Provide young people with accurate information about self-harm, reduce associated stigma and address any bullying behaviour;
- Widen their own knowledge about self-harm and mental health disorders (see section 7 on additional support);
- Be aware of their duty of care regarding when they can/cannot help, and when they need to seek further assistance from healthcare professionals.

#### **4.3 The person responsible for the site where the self-injury occurs/ or the care staff on shift will:**

- Keep records of all self-injury incidents and concerns;
- Report the matter to the Designated Persons for Bryn Melyn Care who will update the central self-harm Log;
- Review & update (changing as necessary) the Risk Assessment for the young person, review & update the young person's integrated Placement Plan, review and update the Individual Behavioural Support Plan (IBSP). They will also complete the Notifiable Incident Report and send a copy to their Line Manager, the Designated Persons, the allocated Bryn Melyn Clinician, the Local Safeguarding Team and Social Worker for the young person;
- In the event of a serious incident where ligatures, attempts to hang, running into traffic, threats to jump from bridges etc. the site manager has responsibility for ensuring that the clinical team is informed, the clinical team will assist the home in completing an appropriate assessment, this may include the Pierce Suicide Assessment Scale. If this is deemed as necessary, this scale must also be shared with the Allocated Clinician, the Designated Person for Self-injury and the young person's social worker. It must also be shared with any external healthcare professionals involved in the young person's care. Any questions about how to complete the scale must be directed towards the allocated clinician. If a young person has self-harmed the Clinician will complete a Clinical Risk Assessment which should be shared with those involved in a young person's care
- Involve the young person in this process where possible;
- Monitor the young person's progress following an incident;

- Take action when people other than internal Bryn Melyn Staff (e.g. social workers, parents, educational psychologists) need to be informed.

#### **4.4 All Young People will be encouraged to:**

- Not display open wounds/injuries. These must be dressed appropriately;
- Talk to the appropriate staff member if they are in emotional distress;
- Alert a member of care staff/teaching staff if they suspect a fellow young person of being suicidal or at serious risk of harm to themselves;
- Be guided about issues of when confidentiality must be broken to safeguard another young person;
- The above should be discussed with young people placed within Bryn Melyn Care where self-harm may be an issue. It is particularly important for young people in multi-bed homes and attending education provision to help manage self-harm within a group setting;
- Be sensitive to others experiences and methods of coping (for example when scaring is visible young people may ask about this but they would be expected to do this in a sensitive way).

#### **4.5 Social Workers/Parents will be encouraged to:**

- Endorse the organisations approach to self-harm management/ care and work in partnership with the home/school and organisation;
- Provide relevant information in relation to self-harm.

## **5. Procedures**

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### **5.1 Immediate Response**

Once a member of staff becomes aware of a self-injury or potential self-harming behaviour they should remain calm and non-judgemental. They should not show disgust or anger towards the young person. The young person should be shown care and consideration and in most cases it would be appropriate for the staff member to provide first aid and clean a wound. If a young person does not wish to show their wound staff should not force them. A decision should be made as to whether medical attention is required. In the event that the young person conceals the wound then staff should discuss with the young person what signs to look for to indicate when medical attention is required (indicated below). The following criterion provides an outline for when to seek external support:

Staff should be aware of NICE guidance on what treatment a young person should receive upon access services in relation to self-harm (see **Section 8, National Guidance**).

#### **5.1.1 Internal reporting systems**

Incidents relating to any self-harm incidents should all be reported within 2 hours using the Self Harm and Suicide Attempt Report form. This form should be completed using the following procedure (self-harm and suicide attempt recording procedure). This process will ensure that incidents of self-harm are responded to appropriately and safely.

The Self Harm and Suicide Attempt Report Form should be followed up with the completion of a Significant Event or Incident Report form which requires more in depth information. Notification of self-harm falls into the two categories below.

The clinical team will respond to the self-harm form received and provide the home. The clinical team will allocate the self-harm according to Appendix 1.

### **5.1.2 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 will decide whether to inform the relevant Social Worker. In the case of all minor or non-persistent self-Harming the internal reporting system should be followed within 2 hours of the incident occurring. The Manager may then decide to complete a Significant Event Form.

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

Serious or persistent self-harming is deemed to be an incident; and must be notified immediately to the Manager and relevant Social Worker within 24 hours or as soon as practicable thereafter. The Social Worker should decide whether to inform the child's parent(s) and, if so, who should do so.

In the case of all serious or persistent self-Harming the internal reporting system should be followed within 2 hours of the incident occurring and an Incident Report Form should also be completed within 24 hours of the incident.

Depending on the seriousness of the Incident, other people/agencies may have to be notified, see Notifiable Events Procedure. The Manager must undertake a Management Review, as set out in **Incidents - General Guidance**.

## **5.2 Recording**

All young people at Bryn Melyn Care with a history of self-harm should have a self-harm risk assessment. If a young person's first episode of self-harm occurs during their time with Bryn Melyn Care then a self-harm risk management plan should be put in place following the first episode. The Allocated Clinician will complete a Clinical Risk Assessment when a young person first self-harms in the company, should they self-harm again this report will be reviewed and if required updated. The risk assessment should be read by all members of staff and followed accordingly.

All incidents of self-harm must be noted in the home's Daily Log, child's Daily Record, and recorded in detail in an Incident Report or Significant Event form (see above notification procedures)..

## **6. Additional Support**

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### **6.1 Training**

Training expectations as outlined within NICE guidance detail that clinical and non-clinical staff members who come into contact with people who self-harm have a sufficient understanding to provide compassionate care (NICE, 2004, 2011). Training should teach carers, education and clinical staff how to recognise and respond to self-harm, including assessment and management approaches. It should include education about the stigma and discrimination usually associated with self-harm and the need to avoid judgemental attitudes. Training should specifically aim to improve the quality and experience of care of young people who self-harm.

Bryn Melyn Care will provide appropriate training for staff working directly with young people in line with the above guidance.

Managers should liaise with the Learning and Development Manager to ensure their staff teams receive this training ahead of working with a young person who self-harms/have access to this training as soon as the behaviour emerges if it was not previously identified.

## **6.2 Clinical Support**

The Allocated Clinician will provide appropriate support to all carers and education staff working directly with a young person who has a history of self-harm. They will work with the care team to identify training needs and areas of clinical need. This may include; consultation to the team, additional training, supporting key working sessions, identifying/providing suitable therapeutic interventions and direct work with the young person. Allocated Clinicians will support care teams to reflect on effective completion of the Individual Behavioural Support Plan (IBSP)/risk management plans.

If a self-harm report form is received by the clinical team, a clinician will contact the home and respond to the self-harm from by identifying a classification of risk is identified in Appendix 1. If required they will complete a welfare check at the home. The clinician will then complete a Clinical Risk Assessment. The Clinical Team responses will follow the procedure outlined in Appendix 1.

## **7. Monitoring and Evaluation**

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The organisation will monitor self-harm and evaluate its practice through:

- Effective use of young person's Personal Plan and Individual Behavioural Support Plans (IBSP) to demonstrate how this behaviour is being managed and the outcome of any interventions being used;
- Bryn Melyn Care will maintain a log of all self-harm incidents in line with the incident reporting procedures;
- Bryn Melyn Care will maintain a log of self-harm incidents to monitor and evaluate self-harm management within the organisation; including responses to self-harm. This will enable both individual and general patterns in behaviour to be studied;
- Gaining feedback from young people as to how a self-harm incident has been dealt with.

## **8. National Guidance**

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(See **Pierce Suicide Assessment Scale** for further information on each of the documents listed below.)

The following guidelines are relevant when considering the practices around self-harm within Bryn Melyn Care. The information in these guidelines has been considered when writing the policy. Carers at Bryn Melyn should be aware of these documents when supporting young people who self-harm, when staff members are required to be familiar with a specific guideline this is indicated\*.

- **NICE guidelines: Self-harm short-term treatment and management (2004)\***;
- **NICE guidelines: Self-harm longer-term management (2011)\***;
- **Managing self-harm in young people (2014)**;
- **NICE quality standard: Self-harm (2013)**;

- **NICE guidance: transition from children's to adult services scoping workshop;**
- **Transition: getting it right for young people;**
- **The National Action Plan to Reduce Suicide and Self Harm in Wales 2008-2013.**

## 9. Useful Links

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### 9.1 Leaflets

- **Self-harm in Young People** – A RCPSYCH leaflet.

### 9.2 Case studies

- **Michelle's Story** – A case study from the RCPYSCH.

### 9.3 CD Rom

- **Changing Minds – depression and self-harm** – A CD Rom from the RCPSYCH.

### 9.4 Websites

- **HeadMeds** – Information for young people about self-harm;
- **Recover Your Life** – Self-harm support community;
- **The Mix** – Essential support for under 25s;
- **Choosing what's best for you** – Information for young people about a range of issues;
- **Samaritans** – Support website;
- **Help Guide** – Self injury and related issues self-help website;
- **YoungMinds** – A voice for young people's mental health and wellbeing.

### 9.5 Support/ helplines for young people

- **Samaritans** support service anytime on 08457 90 90 90;
- **PAPYRUS HOPELineUK** on 01925 572444 if you are a young person (or have concerns about a young person);
- **CALL Helpline (Wales)** on 0800 132 737;
- **NHS Direct (Wales)** on 0845 4647;
- **NHS Direct (England)** on 111.

### 9.6 Books

#### 9.6.1 Factual Books

- **Who's Hurting Who? – Young People, Self-harm and Suicide**  
Helen Spandler – 42<sup>nd</sup> Street, 2003  
ISBN: 1903199140;

- **The Language of Injury – Comprehending Self-Mutilation**  
Gloria Babiker and Lois Arnold, BPS Books, 2001  
ISBN: 1854332341;
- **'The Trap: self-harm in young people in foster care and residential settings' in Managing Self-Harm, Psychological Perspectives**  
Anna Motz Routledge, 10 Sep 2009  
ISBN: 978-1-58391-704-6.

### 9.6.2 Self Help Books

- **The Self-Harm Help Book**  
Lois Arnold and Anne Magill – Contact The Basement Project at 01873 856524; or  
Go online at: <http://basementproject.co.uk/>
- **The Rainbow Journal for Young People Who Self Injure**  
Bristol Crisis Service for Women  
ISBN: 0953134881.

### 9.6.3 Novels

- **Cut**  
Patricia Mc Cormick, Collinsflamingo, 2002  
ISBN: 000713031.
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### Severe Level of Risk

A young person has acted upon or there are enough indicators to suggest that it is likely that they will act upon thoughts to self-harm/suicide with potential life threatening consequences. Severe levels of risks include using self-harm objects that will cause serious harm/suicide. Such as but not limited to razor blades.

**Carers need to:** Contact the clinical team as soon as possible and complete the self-harm suicide form.

**Clinicians need to:** Arrange a TAC meeting, complete a risk assessment, visit the young person at the earliest opportunity and write the risk assessment summary report.



### Increased Level of Risk

**Known self-harm risk** -If self-harm has increased in severity or frequency of injury. E.G. if they cut deeper or ligature tighter. If the young person is concealing their self-harm. If they are hiding, or secreting instruments to self-harm, or putting themselves in dangerous situations in an attempt to harm themselves.

**New self-harm** –If a young person self-harms without a history of self-harm. If a young person with a history of self-harm presents with a new kind of self-harm behaviour.

**Carers need to:** Complete the self-harm form and e-mail to the 'self-harm reporting' group.

**Clinicians need to:** contact the home as soon as possible, complete a risk assessment, offer support to the team, visit young person and write the assessment summary report. Save in LinkeWork Folder.



### **Known Self-harm only**

If the young person has self-harmed in a consistent/known manner, no first aid is required and there are no changes to their mood throughout the day. If they have expressed thoughts of suicide and there is appropriate risk management plans in place.

**Carers need to:** Complete the self-harm form and e-mail to the 'Self-harm Reporting Group'

**Clinicians need to:** Ensure level of self-harm has not increased and log the incident.

#### **Revision History**

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Date last updated: May 2020

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Date of release: December 2018

**End**

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