

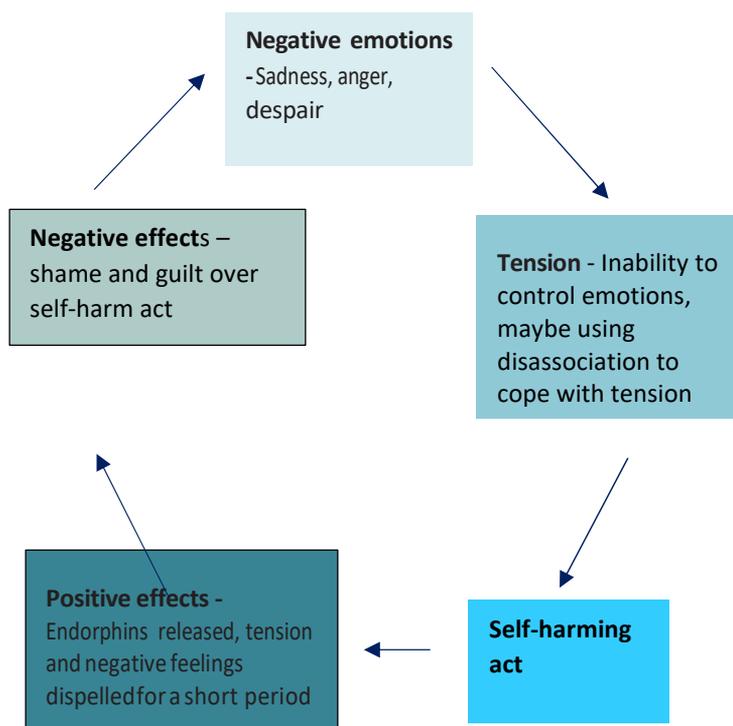


## Self-Harm Policy

### What is Self-Harm?

A number of different behaviours can be described as self-harm. Some of which are listed below:

- Scratching or picking skin
- Cutting
- Punching/hitting self
- Biting
- Tying ligatures (noose, rope, cord etc.) around one's neck to reduce air supply, or limbs to constrict blood supply
- Inserting things into their body
- Scouring/scrubbing body excessively
- Pulling out hair
- Excessively scrubbing or scouring their body
- Banging/bruising themselves
- Burning/scalding
- Headbanging
- Taking an overdose of tablets and/or swallowing poisonous liquids or drinking substances like shampoo
- Self-strangulation



It is important to note that drug misuse, alcohol abuse and eating disorders are wider forms of self-harm but not considered self-harm for this policy. If you have a child or young person who is engaging with drugs, misusing alcohol and/or has an eating disorder, please refer to the AFA Alcohol, Drugs, Solvents Policy.

The vast majority of people who self-harm do not intend on taking their own life, however all forms of self-harm carries risk.

Self-harm is often a way of coping with difficult feelings and/or situations. Once an individual begins to self-harm, and finds that it brings some temporary relief to their emotional turmoil, it can become their instinctive response during future times of distress.

## **What can trigger a young person to self-harm?**

Nobody is immune from self-harm but there are some vulnerability factors that may increase the likelihood of a child or young person engaging in such behaviours.

There are no specific triggers for self-harm; on an individual basis it can be as a result of anything that causes the child or young person distress. This may be relevant to their current situation or past experiences of trauma. Some use self-harm as a way of punishing themselves, for something they have done, or for something they have been accused of doing.

Self-harm can be a transient behaviour that is triggered by particular stresses and which resolves fairly quickly. Conversely, it may be part of a longer-term pattern of behaviour that is associated with more serious emotional/psychiatric difficulties. Where there are a number of underlying risk factors present, the risk of further self-harm is greater.

## **Indicators of self-harm**

As most self-harm is carried out secretly, it can be hard to notice that a child or young person is doing so. This is not an exclusive list, but some signs to look out for are:

- Changes in clothing/dress sense to cover parts of the body, e.g. wearing long sleeved tops
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing more revealing clothes, such as shorts or swimsuits
- Blood-stained clothing
- Visible signs of injury/unexplained injuries (e.g. scarring)
- Empty medical packets
- Sharp implements or broken items which produce sharp implements located within their bedroom
- Changes in levels of activity or mood, particularly observations of depression or tearfulness
- Increasing isolation from friends/family

Equally, it is important to note that the child or young person may not display any of the above and be self-harming, or, present with all of the above and not be self-harming. As the responsible adult, it is essential that you pick up on any changes in usual behaviour for them.

For some, the Foster Parent or other professionals involved may be aware of some of the above indicators but not be clear that self-harm is occurring. It is vital that such information is clearly recorded by the Foster Parent and/or Fostering Social Worker and is shared with the children or young person's social worker in order to build a picture of their needs and to consider if any intervention or additional support or assessment is required.

## **How to respond**

A flow chart detailing how to can be found at Appendix A below.

In any situation, the first thing to assess is the level of self-harm and whether there is a significant physical injury, particularly one that may require medical intervention; it is vital to consider whether the episode is life threatening or not. Calm and clear assessment of the situation is needed to establish this and to then find the way forward. If the Foster Parent or person present considers that the self-harming act may be life threatening, providing immediate medical treatment must be of paramount consideration and should be followed through immediately. However, as with all safeguarding issues, it is also vital that the Foster Parent informs their Fostering Social Worker or AFA management of the incident at the earliest opportunity and likewise the child's Social Worker or their Manager.

If the matter is not seen as life threatening, but still requires medical treatment, again, administration of first aid is likely to be paramount and this needs to be provided in a thoughtful, calm and supportive way, where possible and appropriate, allowing self-administration. If the wounds require medical attention, don't delay going to the hospital. Again, discussion with the Fostering Social Worker is vital both in terms of support and advice, but also to ensure everyone is aware in order to effectively safeguard and

support the child or young person.

At the earliest stages, until a better understanding is developed, it is essential that multi agency safety planning takes place to consider practical arrangements that may be needed required. It may be that the easiest way to reduce risk is to remove any likely means by which the child or young person can self-harm, for instance, by removing implements. However, following on from recent guidance, this may not be appropriate in each circumstance and should be discussed on a case-by-case basis, being kept under review.

Where it is decided that Foster Parents should take steps to remove any implements or means that may be used to self-harm, this should, if possible, be done in an open and honest way, helping the child or young person to understand the reasons for doing so and asking for their assistance, if appropriate/possible. It is best that they are supported to maintain some sense of control given, as detailed, that a loss of control and further feelings of blame may perpetuate the cycle of harm.

However, it is also important that this is approached in a sensitive manner which minimises the potential for them to feel guilt or shame about their behaviour. As the right response will differ for each individual child or young person, such needs to be discussed at least between the Foster Parent and Fostering Social Worker, and where possible including other professionals, to determine a consistent approach. Clear information sharing and recording as to what action has been taken must be completed by all involved. It should be acknowledged that in reality, Foster Parents and other professionals working with the child or young person will feel that it is impossible to make a situation completely 'safe'. However, some steps can be taken to reduce risk such as ensuring medications and hazardous liquids are locked away and removing immediate items of risk from a child or young person's bedroom. Foster Parents must consult their Fostering Social Worker regards steps that they should take in this respect.

Beyond this immediate response, it is important to ensure that a clear record of all incidents is kept within the Foster Parents' logs and discussed regularly between them and their Fostering Social Worker. The Fostering Social Worker must consider these issues within their own supervision or through informal supervision in the interim. If a child or young person is known to be self-harming or to have self-harmed in the previous 6 months, they will be monitored additionally by AFA management through the Risk Register. The Fostering Social Worker should discuss this with their manager at the earliest opportunity that they become aware of self-harm as an issue, to ensure all necessary safeguards are put in place and appropriate actions taken.

Following initial assessments and discussions, if possible, including the child or young person's views, updated risk assessments and Safer Caring Policies will need to be discussed between the Fostering Social Worker, the child or young person's Social Worker and Foster Parent as a way of minimising/managing the risk. These will need to be shared with the child or young person to help them to understand the reasons why actions are being taken and to try to help them to develop alternative coping strategies. Even if no other strategies can be agreed on at that time, it may be that you can agree with them that they will inform you of any future incidents of self-harmed to ensure appropriate medical intervention. Again, the balance of ensuring that they do not feel a sense of blame or further guilt is important.

Replacing the cutting or other self-harm with other safer activities can be a positive way of coping with tension. What may work depends on the reasons behind the self-harm. Activities that involve the emotions intensely can be helpful. These may include:

- Contacting a friend or family member
- Going for a walk/run or other forms of physical exercise
- Getting out of the house and going to a public place e.g. a cinema
- Reading a book and/or keeping a diary or writing down their thoughts or feelings
- Drawing, doodling, scribbling
- Looking after an animal

- Watching TV or listening to music
- There are also some great distraction techniques that can be used as alternatives to self-harm e.g. 'CALM HARM app' for iPhone or android or suggestions listed on the Young Minds website

There are other forms of relief that some recommend employing, such as clenching ice cubes in the hand until they melt or having an elastic band on their wrist which they can 'snap'. Both of these can relieve some tension. However, neither of these should be employed without written consent from the Social Worker, following detailed discussion and consideration with those involved, particularly with any therapists working with the child or young person.

Those dealing with an individual who is self-harming can experience a range of feelings in response (e.g. anger, sadness, shock, disbelief, guilt, helplessness, disgust or rejection). It is important for all involved to have an opportunity to discuss the impact that self-harm has on them personally. Supervision is likely to be the arena for this, whether this be for Fostering Social Worker or Foster Parents.

Useful contacts:

### Young MINDS

Monday and Friday 10am - 1pm Tuesday - Thursday 1pm - 4pm- Tel: 0800 0 18 2138

Email: [Youngminds@Ukonline.co.uk](mailto:Youngminds@Ukonline.co.uk)

Website: [www.youngminds.org.uk/](http://www.youngminds.org.uk/)

**Young MINDS** Parents Information Service - Tel: 0800 0 18 2138

**CALM** (Campaign Against Living Miserably) Telephone Helpline for 15 –24 year old males  
0800 58 58 58 - 7 days a week 5pm –3am.

Website: [www.thecalmzone.net/](http://www.thecalmzone.net/)

**Childline** - 24-hour helpline - 0800 1111

**Samaritans** - 24-hour helpline - 08457 90 90 90 or <https://www.samaritans.org/how-we-can-help/contact-samaritan/>

**National Self-Harm Network** (support for individuals who self-harm and their families)

PO BOX 16190, London, NW1 3WW

Telephone Helpline Thu-Sat 7pm-11pm, Sun 6.30pm-10.30pm - 0800 622 6000

Website: [www.nshn.co.uk/](http://www.nshn.co.uk/)

### Connected Policies or guidance

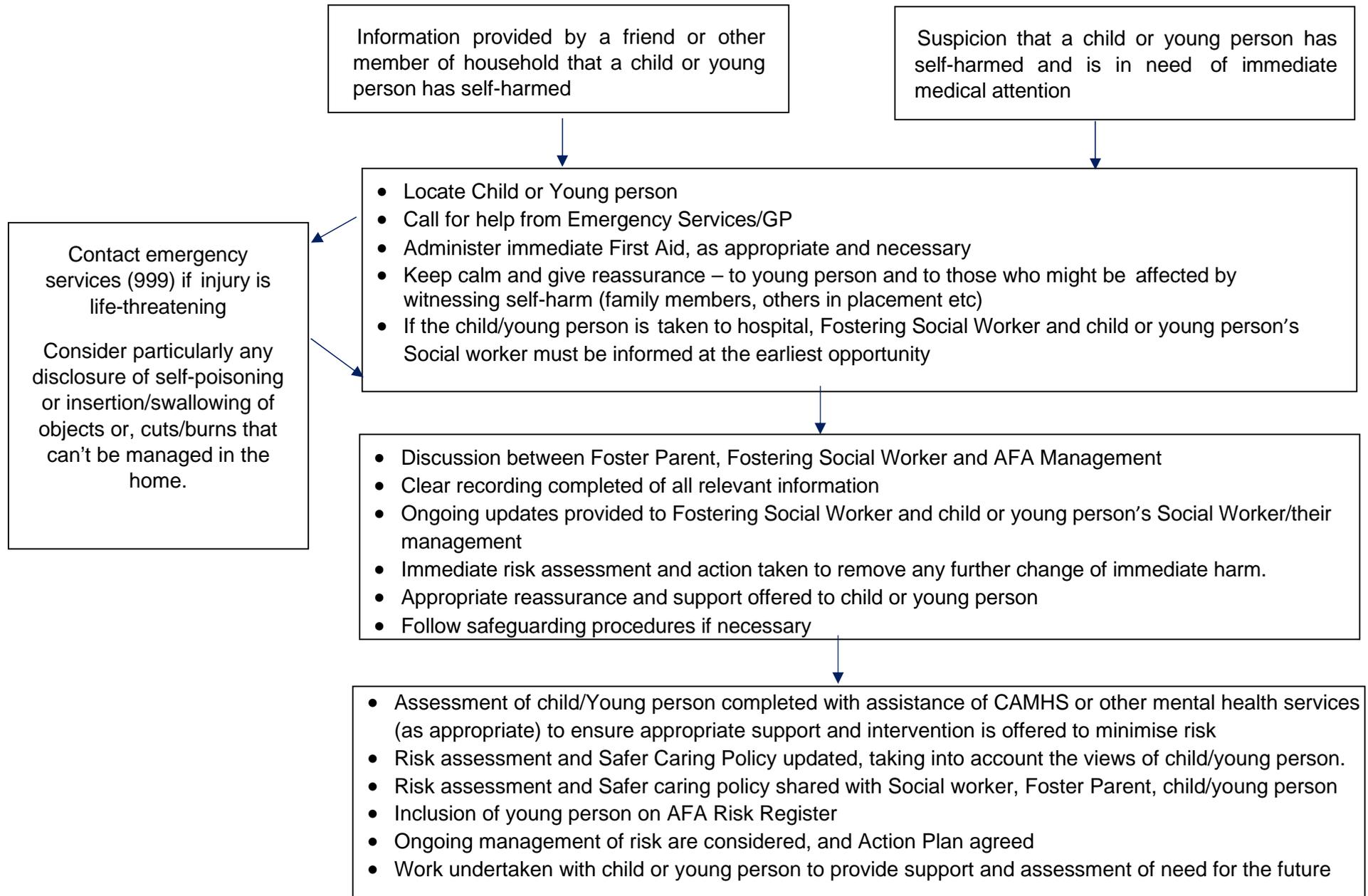
Name of policy / Guidance	Relevant for
Safeguarding Policy	All staff
Foster Parents Handbook	Foster Parents, Fostering Social Workers

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## Appendix A

### Model process for managing serious incident of self-harm in a crisis situation



## Model process for managing self-harm in schools (not in need of urgent medical treatment & return to school)

