



ANDERIDA ADOLESCENT CARE

PREVENTION OF SELF-HARM POLICY

INTRODUCTION

Some young people are known to harm themselves deliberately which may manifest itself in a variety of ways. Anderida Adolescent Care is committed to helping young people decrease harming themselves and find less destructive coping strategies. Therefore, it is important for staff to be aware of the types of behaviour which constitutes self-harm and to take action to help the young person to minimise these behaviours. This policy gives some background to self-harm and why some people express their feelings in this way. Some examples of types of self-harm are given and suggested action to take if there is a concern that a young person is self-harming.

GENERAL PRINCIPLES

- People who self harm do so because it serves a purpose, even if this purpose is difficult for a young person and/or other to understand.
- Different individuals engage in deliberate self-harm (DSH) for different reasons. For example: to provide a release from high levels of emotion following a traumatic experience, to elicit caring responses from professionals/services or to diminish unpleasant feelings.
- The following are examples of self-harm
 - Cutting.
 - Banging or bruising bodies.
 - Burning, scratching, hair pulling, scrubbing of skin.
 - Starving or overeating.
 - Excessive risk taking.
 - Tying ligatures.
 - Abuse of drugs, alcohol and solvents.
 - Overdosing on 'over the counter' and prescribed drugs.
- Self-harm isn't about suicide, although some individuals who self harm do have suicidal idealisation with little real intent.
- Individuals who engage in self-harm normally do not intend to kill themselves however, accidents can occur (parasuicide) and self-harming can escalate during periods of increased stress to a point where the young person takes greater risks.
- There are of course some individuals who may be making an attempt on their lives. This is a 'suicide attempt' rather than 'self-harming behaviour'.
- It usually takes a while to establish why a given individual self-harms.

- Some people will only harm themselves once or twice in an experimental way; some may have periods of self-harming which they will revert to in times of stress, whereas others will self-harm over a long period of time.
- With the right help and support many people will decrease self-harming and will gain greater understanding, and control, of their self-harming behaviour.
- All young people in our care who are known to self-harm should have a dedicated section on their risk assessment outlining how the team will support the young people to minimise the risks in their harming and develop better coping strategies.
- Risk assessments and support plans will be reviewed following each incidents of self-harming behaviour, ensuring that the incident log is kept current and up to date.

PRACTICE GUIDANCE

- If there are concerns that a young person may be self-harming, the situation should be closely monitored. The mentor should check the current support plan and risk assessment to see what guidance it gives.
- In general action to take if you suspect that a young person is engaging in DSH:
 - Monitor the DSH closely, but discreetly, and consider whether medical attention is necessary either as an emergency or in the longer term.
 - Try to create conditions in which the young person can develop trusting relationships.
 - Encourage the young person to engage in activities and ensure that they do not spend long periods of time alone.
 - Take reasonable measures to reduce the young person's access to harmful materials.
 - Ensure that the young person has regular and positive attention from staff. However, immediately after DSH be present and caring but reduce the attention given.
 - Follow the young person's risk assessment and support plan.
- The concerns/incidents should be noted on the young person's file; significant events/incident reports completed and reported to the homes manager who will inform the social worker. This will also demonstrate patterns and indicate if there are any actions which have helped ease the situation in the past. If the young person has self-harmed and it has resulted in hospital treatment, this must be recorded as an incident, an Ofsted notification completed and reported to the social worker.
- If the young person continues to put themselves at significant risk through self-harming behaviours, the home's manager in conjunction with the social worker and the young person's significant others should decide if the home is able to continue to keep the young person safe.