

# SSF Self-harm Policy

## **Policy Classification:**

Some forms of self-harm are socially and culturally sanctioned such as, substance use, while others are non-sanctioned, for example, cutting, and generally viewed as pathological. When exploring self-harm as an umbrella term it is important to make distinctions between the two as the effects of some self-harm are likely to have an immediate physical effect as versus long term impact. While the focus of these guidelines is on self-harm that causes immediate physical injury, in terms of the guiding principles it is applicable to a spectrum of behaviours that can be described as self-harming.

## **Definition:**

Self-harm is the attempt to injure oneself without causing death. It is often a physical manifestation of overwhelming emotional distress and as such can best be described as a coping strategy. Examples of self-harm include cutting, burning, over exercising, etc. We recognise self-harm as a coping strategy and as such we have adopted a harm prevention approach whilst at the same time working with our young people to explore underlying issues and to develop alternatives to self-harm where possible.

## **Principle:**

The guidelines will enable staff to coordinate support to any young person who self-harms and describes procedures to manage situations and crises that may occur. The policy and procedural guidelines will enable us to engage more effectively with young people who self-harm and will inform team decision making and interventions.

# SSF Self-harm Policy

## **Principle.. continued...**

SSF will seek to ensure that young people who self-harm are treated with respect and receive appropriate support, therefore the following guiding principles are in place:

1. All young people who self-harm are treated with dignity and respect.
2. All young people have the right to access and receive appropriate support.
3. Staff should receive appropriate training, guidance and support when working with and responding to young people who self-harm.

## **Harm Prevention and Self-care/Management:**

In recognition that many individuals self-harm, for example, by cutting, we have adopted a harm minimisation approach. As such we will encourage those who self harm to keep and maintain a basic first aid kit with advice and support being offered by staff regarding looking after their wounds and any potential conditions that require further treatment. This approach acknowledges self-harm as a coping strategy and aims to uphold the young person's right to privacy. Furthermore, it promotes self-care and personal responsibility for wounds. The first aid kit should contain a range of medical supplies that can be replaced as and when required. Young people should be able to access project supplies of mediwipes, plasters and dressings. No scissors, safety pins or any form of antiseptic cream should be provided due to the potential for harm/allergic reaction

Advice on harm prevention should include:

- how to avoid infection and recognising signs of infection.
- general hygiene.
- prevention of haemorrhage.
- recognising signs of nerve damage.

Staff should therefore be trained in basic first aid.

# SSF Self-harm Policy

**Harm prevention in the context of overdosing or self-poisoning is inappropriate as there are no real safe limits.**

**Harm prevention and the right to risk-take have to be carefully balanced with our duty of care.**

Where possible young people should be encouraged to manage their own wounds with support and/or guidance from staff. However, when someone requests and clearly requires support from staff with wounds, the following precautions should be taken:

- Always wear gloves.
- Ensure that the appropriate cleaning and disposal procedures are followed (same as blood borne virus universal infection control).

Unless the injury appears to be life threatening staff should acknowledge the young person's right to decline further treatment. Encourage and support the young person to access medical services if you feel the injury requires further treatment.

If staff are unsure of the seriousness of the injury and consider it to be potentially life threatening then they should advise the young person that they plan to contact emergency services.

If the service user refuses to engage with this process then they should be advised that their confidentiality will be breached given concerns for safety and that staff will contact NHS 24 for further advice.

If NHS 24 advise an ambulance, staff will continue to encourage and support young person to attend A&E; where staff are lone working it will not be possible to accompany.

## SSF Self-harm Policy

However, where a young person is at considerable risk and/or especially vulnerable, it may be beneficial for staff to accompany and in these circumstances arrangements for session cover should be arranged with Regional Manager.

Where a young person refuses treatment when paramedics attend, they will be required to sign a disclaimer by the paramedics. Contact with emergency services should be recorded on an SSF incident form and saved in young person's file, staff should record names of medical staff where appropriate.

### **Ongoing Support:**

We offer a supportive environment to all who self-harm. To benefit from this support young people are encouraged to:

- Use online/app support either prior to, during or after an act of self-harm.
- Use planned time with staff to discuss or explore issues related to self-harm and the potential development of alternative coping strategies/distractions.

In the event that a young person's level of self-harm indicates a need for additional support, every effort will be made to engage with the most appropriate external agency and this should be jointly coordinated, where possible, with the young person and staff.

# SSF Self-harm Policy

## Assessing the level of risk:

An initial risk assessment should be conducted when there is a disclosure or instance of self harm to establish the history of self-harm, as well as their knowledge and awareness of the function of their self-harm; thereafter if appropriate a safety plan should be developed with the young person. Due attention should be paid to the risk assessment and safety plan by all staff involved in supporting the young person and should be reviewed on a regular basis.

**\*REMEMBER if you are concerned about an individual's mental health and wellbeing and feel they may be in distress, their doctor should be the first point of contact or contact NHS 24 on 111. If you feel the individual is in immediate danger please call 999\***

SSF will provide aftercare support for staff supporting young people who self ha