**Appendix 2**

**Self-Harm Body Map**

**Name of Young Person Date**

**Noticed self-harm Time**



**Known Events**

**……………………………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………**

**………………….………………………………………………………………………………………………………………………**

**……………………………….…………………………………………………………………………………………………………**

**Staff Signature……………………………………….. Staff Designation……………………………………………**

 **Appendix 3**

**Self- Harm Incident Report – Only to be used if Charms not available**

|  |  |
| --- | --- |
| **Date and Time of Incident**  |  |
| **Incident Number** |  |
| **Young Person**  |  |

|  |
| --- |
| **Describe behaviour/ presentation in last 24hrs -** **How was the self-harm identified –** **Describe how young person responded to support offered-****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Medical Treatment Required** | **Y/N** |
| **Medical Assistance Offered** | **Y/N** |
| **Medical Treatment Given** | **Y/N** | **First Aid** **Doctor****Hospital Treatment⁯⁯** |
| **Signed ……………………………………………………………………………………** **Designation………………………………………………………………………………****Managers Comments ………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………****Managers Signature …………………………………………………………………….** **Name in Capitals ……………………………………………………………………….** **Date…………………………………………..****Quality Assurance Check** **Signed ………………………………** **Designation………………………………………………Date…………………………………** |

**Appendix 4 – SASH Governance**

**Homes2Inspire SASH Governance**

 Managers of services ensure procedures followed following incident

Serious incidents are reported to Regulatory body/ Commissioning Authority as per ‘Serious Events’ policy (NOE’s)

Senior Managers ensure procedures followed via on-call structure and daily handover communication (daily reports)

Independent Visitor Inspections quality assure incident management against policy and document within report (Reg 44) (Homes Only)

High risk young people discussed and management strategies considered at internal weekly meetings per service (minuted)

Quality assurance/ contract monitoring visits completed by LA’s review care and protection of young people within service (monitoring reports)

Incidents of SASH and high risk young people reviewed at monthly Strategy Meetings/ Multi-Agency Meetings (KPI’s, CRM’s)

 Ofsted/ CQC Regulatory Inspectors review all aspects regulations and standards during full and interim inspections. NOE’s will be scrutinized.

Regulatory Body Inspectors consider NOE’s / Regulatory Inspections / Complaints / Allegations and will conduct unannounced inspections or issue compliance notices if deemed relevant. (Compliance Inspections/ Notices)

SASH incidents reported and collated by H&S Manager; reviewed by nominated Senior Managers and Managing Director at Governance Meetings (SASH Dashboard and minutes)

Incidents of SASH and high risk young people reviewed at monthly Strategy Meetings (KPI’s, CHSM reports & minutes)

Bi-annual and annual evaluation and analysis reports completed by service managers to review overall performance / KPI’s (Reg 32/ Annual Evaluation Reports)

**Appendix 5 : SUICIDE AND SELF HARM (SASH) CHECKLIST ASSESSMENT**

 **Young Person: DOB: Flat:**

 **Plan completed by: Date:**

**Initial assessment to include scoring if YP notes indicate a history of self-harm.**

|  |
| --- |
| **Scoring Criteria for Sections 1 - 3** |
| 0 | Never/None |
| 1 | Yes / Over 4 weeks since last event |
| 2 | Yes / Occurred in past 2 weeks |
| 3 | Yes – Occurred within past 24/48hrs |

**Section 1 – Predisposing Factors – Vulnerability**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Consider** | **Y / N** | **Describe behaviour**  | **Score 0 - 3** |
| Takes unneccessary risks | *Any action that puts YP at risk of harm (eg drug taking)* |  |  |  |
| Any suicides or attempts within the family  | *Carers, family, close friends* |  |  |  |
| Previous self-harm | *Has the YP ever deliberately tried to hurt themselves – cutting, head, banging, biting* |  |  |  |
| Previous suicide attempt | *Eg overdose, hanging, jumping from building etc* |  |  |  |
|  | Score  |  |

**Section 2 – Individual Risk Factors**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Consider** | **Y / N** | **Describe behaviour**  | **Score 0 - 3** |
| Stressed at living in semi-independent accomodation | *Homesick, missing family, siblings etc* |  |  |  |
| Finds current situation hard to handle | *Not expecting to be living in current place* |  |  |  |
| Victimised / bullied in the past | *YP’s point of view* |  |  |  |
| Has significant attachment issues | *Care history, family breakdown, poor level of support* |  |  |  |
| Worried about being in the facility | *Concerned about other YP* |  |  |  |
| History of self isolation | *Isolation that is documented* |  |  |  |
| General lack of engagement with professionals | *Has not engaged with education or other professionals* |  |  |  |
| Finds restricted access to nicotine, alcohol, drugs difficult | *Previous dependency on substances and showing signs of craving* |  |  |  |
| Difficulty in managing emotions | *Has shown poor temper control, over reaction to events* |  |  |  |
| Recent loss / separation / bereavement | *Recent events* |  |  |  |
|  | Score  |  |

**Section 3 – Situational Triggers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Consider** | **Y / N** | **Describe behaviour**  | **Score 0 – 3** |
| Received bad news | *Family breakdown, bereavement, failed exams etc* |  |  |  |
| Has made threats to harm themselves | *Has YP indicated they will hurt themselves* |  |  |  |
| A specific event has occurred | *YP has attempted suicide or has self harmed. Or specific event such as fighting, argument* |  |  |  |
|  |  Score  |  |

**Section 4 – Protective Factors**

***n.b. Please check how supported they feel before scoring the following areas.***

|  |
| --- |
| **Scoring Criteria for Section 4**  |
| 0 | None/ No  |
| 1 | Yes – But does not engage; YP states support not helpful  |
| 2 | Yes - Engages in some support |
| 3 | Yes – Fully engaged/supported |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Please Consider if* | *Y or N* | *Describe behaviour / state origin of evidence i.e. Parent, staff, other professional, peers* | 0-3 |
| Support by staff accessed by YP | *Talking to staff prevents them from self-harming* |  |  |  |
| Contact with family supportive, helpful and positive | *Visits appear to have a positive effect on YP* |  |  |  |
| Can express future plans | *YP able to talk about plans for future events* |  |  |  |
| Help with problems accessed by YP | *YP is able to access, understand and benefit from help offered.* |  |  |  |
| Specialist help accessed by YP | *Helps to reduce risk of suicide and Self-harm* |  |  |  |
| Peer support access by YP | *Peer relationships prevents YP harming themselves* |  |  |  |
|  |  |  |  *Score* |  |

**Totals**

|  |  |
| --- | --- |
| Section 1 Score |  |
| Section 2 Score |  |
| Section 3 Score |  |
| Total (1-3) =  |  |
| **Minus Score for Section 4 =**  |  |
| Total Score =  |  |

|  |  |  |
| --- | --- | --- |
| **Total score** |  | **Tick** |
| 0 – 11 | Event recorded and scoring saved onto Charms – send to Regional mManager for electronic signature. |  |
| 12 – 15 | As above, consider any immediate support required and Review PBSP and ensure reported on handover.  |  |
| 16 – 20 | As above, Offer first aid & external support if deemed necessary for injury or mental well-being. Review PBSP and share with relevant others (QSW/ individuals with PR).  |  |
| 21 + | As above, Constant observation required until secondary (external agency assessed YP – this could be ambulance/crisis team/ hospital etc). Consider Notification of Events to Ofsted.Review PBSP and ensure reported on handover.  |  |

**Additional Notes**

|  |
| --- |
|  |