



LIGATURE POLICY

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LIGATURE POLICY

Contents

1. Introduction to the Policy
2. How this Policy Benefits the Home
3. Definitions & Legislation
 - 3.1 Definitions
 - 3.2 Key Legislation and Statutory Guidance (table)
4. The Policy
 - 4.1 General Statement and Organisational Commitment
 - 4.2 Dignity and Respect for Children
 - 4.3 Organisation and Management Responsibilities
 - 4.4 Ligature and Ligature Point Audits and Assessment of Risk
 - 4.5 Action Following Audit and Individual Risk Assessment
 - 4.6 Provision, Availability and Storage of Ligature Cutters
 - 4.7 Information and Training
 - 4.8 Guidance Regarding the Use of Ligature Cutters in Practice
 - 4.9 Reporting Requirements
 - 4.10 Monitoring, Audit and Review
5. How the Home Trains its Staff About this Policy
6. Related Policies and Guidance
7. Policy Approval and Review Details

1. Introduction to the Policy

This policy sets out the framework, principles, and procedures that **Byram House** follows to identify and protect vulnerable children who are at risk of using potential ligatures to self-harm, and to minimise their access to items which could be used as ligatures or ligature points. The policy applies to all staff, volunteers, agency workers, and contractors working at Byram House, whether at 62 Deighton Road, 66 Deighton Road, or elsewhere.

The Home is Byram House, which comprises the two residences at 62 Deighton Road and 66 Deighton Road. This ligature risk management framework applies equally across both residences.

Hanging is the most frequently used method of suicide, involving strangulation or asphyxiation caused by suspending the body from a high ligature point, or by using a ligature point below head height. A significant proportion of suicides occur through impulsive acts, using what may be seen as reasonably obvious ligature points.

Due to human ingenuity and the practical limitations of any building, it is not possible to remove all potential ligature points. It is therefore necessary to make a professional judgment regarding the likelihood of an item being used as a ligature point, and the opportunity for a child to utilise that potential ligature point.

The purpose of this policy is to provide children and young people with a safe, secure and therapeutic environment. This policy should be seen as an integral part of wider measures to reduce the risk of suicide, including clinical risk assessment, observation and engagement.

The objectives of this policy are to:

- Ensure compliance with all relevant legislation, including the **Health and Safety at Work etc Act 1974**, the **Management of Health and Safety at Work Regulations 1999** (as amended), the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)** , and the **Children's Homes (England) Regulations 2015**.
- Identify, remove or control ligature points and ligature risks wherever reasonably practicable.

- Ensure robust risk assessment processes for individual children, taking into account their history, behaviour, and current presentation.
- Provide staff with clear responsibilities, training, and guidance on ligature management and the use of ligature cutters.
- Promote a culture of vigilance, safety, and continuous improvement.

2. How this Policy Benefits the Home

This Ligature Policy benefits Byram House in the following ways:

- **Legal Compliance** – It ensures the home meets its duties under the **Health and Safety at Work etc Act 1974** (sections 2 and 3), the **Management of Health and Safety at Work Regulations 1999** (risk assessment requirements), the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)**, the **Children’s Homes (England) Regulations 2015**, and the **Human Rights Act 1998** (Article 2 – right to life).
- **Child Safety and Suicide Prevention** – It establishes a proactive, multi-layered approach to ligature risk, including environmental audits, individual risk assessment, staff training, and emergency response tools (ligature cutters).
- **Risk Reduction** – It requires regular ligature/ligature point audits and risk assessments to identify and mitigate hazards, with actions ranging from removal or replacement of ligature points to enhanced observation and therapeutic engagement.
- **Staff Preparedness** – It provides clear procedures for responding to ligature incidents, including the use of ligature cutters, preservation of evidence for police investigations, and reporting requirements.
- **Inspection Readiness** – The **Social Care Common Inspection Framework (SCCIF) 2026** expects homes to demonstrate effective health and safety management. This policy provides clear evidence of the home’s commitment to ligature risk management.
- **Training Framework** – It sets out regular training for all staff on ligature awareness, risk assessment, and the safe use of ligature cutters.

- **Multi-Agency Working** – It establishes protocols for liaison with the local authority, police, and health services following a ligature incident.

3. Definitions & Legislation

3.1 Definitions

Term	Definition
Home	Byram House, the children’s home registered with Ofsted, comprising two residences at 62 Deighton Road and 66 Deighton Road.
Company	IMS Care LTD, the registered provider and legal entity responsible for operating Byram House.
Byram House	The name used throughout this policy to refer to the home and its staff.
Ligature Point	Any point which is load-bearing (for the purposes of this policy, able to support over 16 kg) that can be used to attach a cord, rope, or other material for the purpose of hanging or strangulation (e.g., a window or door hinge or handle, pipework, radiator, fitted furniture).
Ligature	Any item that, when placed around the neck, can restrict the airway to cause compression – which could be utilised when tied to an object as a tie or noose for the purpose of self-harming by strangulation or hanging. Examples include chains, linen, clothing

	(including belts, laces, bras, ties, tights, stitching), plastic bags, bag straps, pull cords, cables, wires, and bedding.
Environment	The external surroundings and conditions in which a person interacts, including the physical or built environment (buildings, fittings, fixtures, furniture) and the social environment. Personal possessions (including clothing) must also be taken into account.
Ligature Cutter	A tool used to release a ligature safely. This must not be used for any other purpose than dealing with emergency situations involving ligatures.
Self-Harm	Any act of self-poisoning or self-injury, with or without suicidal intent, carried out by an individual irrespective of motivation (NICE definition). In this policy, ligature use is considered a form of self-harm.
Attempted Suicide	Self-harm with intent to take life, resulting in non-fatal injury. (Note: NICE guidance warns that suicide prediction tools are flawed and that a psychosocial approach should be taken.)
Keeping Me Safe Plan	An individualised dynamic risk assessment and safety plan for a child assessed as being at risk of self-harm or suicide, regularly reviewed and monitored.
Reasonably Practicable	The standard under the Health and Safety at Work etc Act 1974, balancing the degree of risk against the time, cost, and effort required to act.
RIDDOR	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, which require the reporting of work-related deaths, serious injuries, and dangerous occurrences.

3.2 Key Legislation and Statutory Guidance

Legislation / Guidance	Key Provisions	Relevance to this Policy
Health and Safety at Work etc Act 1974 (HSWA)	Sections 2 and 3 – duty to ensure, so far as is reasonably practicable, the health, safety, and welfare of employees and others (including children) affected by work activities.	Byram House must manage ligature risks to protect both staff and children. This underpins the entire ligature risk management framework.
Management of Health and Safety at Work Regulations 1999 (as amended)	Employers must carry out risk assessments, implement appropriate control measures, provide information and training, and plan for emergencies.	Requires regular ligature/ligature point audits, risk assessments for individual children, staff training, and emergency procedures (including ligature cutters).
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	Requires the reporting of work-related deaths, specified injuries (including fractures other than to fingers or toes), injuries requiring hospital treatment for non-workers, and dangerous occurrences (including near misses).	A ligature incident resulting in death, serious injury, or hospital treatment must be reported to the Health and Safety Executive (HSE). Failure to report is a criminal offence.

<p>Children’s Homes (England) Regulations 2015</p>	<p>Regulation 12 – must have a Statement of Purpose. Regulation 40 – notification of serious events to Ofsted. Quality Standards, including safe environment.</p>	<p>A ligature incident that is serious (e.g., requiring hospitalisation) may trigger a Regulation 40 notification to Ofsted. The physical environment must be safe.</p>
<p>Human Rights Act 1998</p>	<p>Article 2 – right to life. Article 3 – freedom from inhuman or degrading treatment. Article 8 – respect for private and family life.</p>	<p>The home has a positive duty to take reasonable steps to prevent suicide where it is known that a child is at risk. Ligature management is a key part of fulfilling this duty.</p>
<p>Mental Health Units (Use of Force) Act 2018</p>	<p>Requires transparency and accountability on use of force, including statutory guidance.</p>	<p>While primarily for mental health units, the Act’s principles of reducing restrictive interventions and ensuring accountability apply in children’s homes when force is used in ligature emergencies.</p>
<p>NICE guideline NG225: Self-harm: assessment, management and preventing recurrence (September 2022, updated</p>	<p>Emphasises that suicide prediction tools are flawed and should not be used; a psychosocial approach should be taken. Recommends regular dynamic risk assessment, safety planning (“Keeping</p>	<p>Ligature risk assessment for individual children must be dynamic and psychosocial, not reliant on prediction scales. The</p>

in March 2026 chapter guidance)	Me Safe Plan”), and multidisciplinary collaboration including CAMHS.	“Keeping Me Safe Plan” is the required documentation.
Working Together to Safeguard Children 2026	Published March 2026. Strengthens multi-agency accountability and reinforces safeguarding in placements, including health and safety.	Ligature incidents involve child protection concerns. The home must work within the local safeguarding partnership and liaise with social workers, police, and health services.
Social Care Common Inspection Framework (SCCIF) for Children’s Homes 2026	Effective 1 April 2026. Focuses on children’s lived experience, placement stability, and impact over process.	Inspectors will evaluate whether the physical environment is safe and whether the home effectively manages risks (including ligature risks) as part of its duty to protect children.

4. The Policy

4.1 General Statement and Organisational Commitment

Byram House is committed to the provision of a safe environment for children and young people. This policy therefore complies with both the letter and the spirit of the law on health and safety, particularly the **Health and Safety at Work etc Act 1974** (sections 2 and 3) and the **Management of Health and Safety at Work Regulations 1999**.

The provisions of this policy are centred on removing or controlling the risks posed by ligature points and ligatures by:

- Ensuring that children are clinically assessed for self-harm and suicidal tendencies, including using a validated psychosocial assessment following NICE guideline NG225.
- Ensuring that, where a child has been assessed as at risk, ligature point and ligature audits are carried out and kept under review.
- **Removal of ligature points** which pose a significant risk, where reasonably practicable.
- **Replacement and substitution** with anti-ligature equipment or materials (e.g., anti-ligature door handles, furniture, fittings).
- **Protecting/enclosing ligature points** by providing materials which hide or cover the potential ligature point (e.g., secondary glazing of windows).
- Providing **robust operational controls** that mitigate risk, such as through observation and dynamic clinical risk assessment documented in individual children's "Keeping Me Safe Plans" where ligature points cannot be removed.

The Health and Safety at Work etc Act 1974 applies to all work activities and premises. Everyone at work has responsibilities under the Act.

In this policy, **reasonably practicable** means the standard of the Health and Safety at Work etc Act 1974: balancing the degree of risk against the time, cost, and effort required to act.

4.2 Dignity and Respect for Children

The process of implementing this policy must respect the dignity of the children we support. Children must be involved in decisions about their care wherever possible.

- Where any items are removed to reduce risk, replacement with safer alternatives should be considered (e.g., replacing long curtain cords with shorter options, removing ropes from bedrooms).
- Risk management strategies must be proportionate, agreed with the child (where age and understanding allow), and documented in the "Keeping Me Safe Plan".
- Over-restrictive practices are not acceptable. Any removal of personal possessions must be justified by an up-to-date risk assessment and agreed with the child's social worker.

4.3 Organisation and Management Responsibilities

Directors

The Directors have ultimate responsibility for health and safety of all staff, children, visitors, and others within the home. They:

- Ensure governance arrangements are in place to effectively manage reduction in ligature risks and provide the necessary resources.
- Ensure there is a written Ligature Management Policy which is implemented corporately.
- Are informed of health and safety matters on a regular basis.

Responsible Individual

The Responsible Individual (RI) is responsible for ensuring the provision of arrangements in relation to ligature management, including:

- Implementing the ligature management policy within the services under their jurisdiction.
- Monitoring the effectiveness of the policy within the services under their jurisdiction.
- Advising the Directors of any resources required to implement the policy.
- Ensuring effective ligature risk management is implemented within their service division.
- Ensuring there are effective emergency procedures relating to ligature incidents.
- Ensuring all incidents relating to ligature risks are investigated and adequate remedial action is implemented.
- Ensuring ligature/ligature point audits are carried out by staff with adequate experience and training.
- Ensuring staff are aware of the procedures for responding to a ligature-related incident.
- Ensuring risk assessments are carried out as required to identify health and safety hazards, documented, and communicated to employees before they are exposed to such risks.
- Ensuring all incidents are recorded and investigated, and all necessary reports are completed in accordance with current recording systems.

Registered Manager

The Registered Manager has direct responsibility for health and safety matters relating to premises under their control and for persons reporting directly to them. They are responsible for:

- Implementing the ligature management policy within their service(s).
- Ensuring that, where there are ligature risks and provision of cutters, staff are aware of this policy and associated procedure and have received appropriate training.
- Ensuring ligature/ligature point audits are carried out within their service(s) as relevant.
- Identifying any resources required to enable this policy to be implemented.
- Ensuring staff tasked with ligature/ligature point audits have adequate experience and training to safely undertake the task.
- Ensuring adequate numbers and types of ligature cutters are available for service delivery, stored and used in line with the procedure for safe use of ligature cutters and relevant training.
- Ensuring weekly/monthly health and safety checks are carried out, which include a check for any new ligature risks or loss of safety controls.

- Ensuring daily/weekly/monthly checks also include that ligature cutters are stored in their identified location.
- Ensuring all employees are fully aware of their responsibilities under this policy and that these responsibilities are fulfilled.
- Taking action following ligature/ligature point audits as identified in the audit and the policy.
- Ensuring staff are aware of the procedures for responding to a ligature-related incident.
- Ensuring risk assessments are carried out as required, documented, and communicated.
- Ensuring self-harm and clinical risk assessments are reviewed regularly or when there has been a significant change (e.g., change of use, changes to the environment or building, following an incident involving a suicide attempt or suicide using a ligature).
- Ensuring there are effective emergency procedures relating to ligature incidents.
- Ensuring all incidents relating to ligature risks are recorded and investigated, and that all necessary reports are completed in accordance with current recording systems.

All Staff Involved in Face-to-Face Contact with Children

All staff must:

- Be aware of the provisions of this policy and the impact it will have on their practice.
- Maintain **constant vigilance and observation** to identify and assess potential risks and report any hazards that have the potential to increase the risk of suicide.
- Be alert to any other potential environmental risks for suicide that may be identified during practice. If a new risk is identified:
 - Assess the level and likelihood of risk and take action to manage this risk and make the area as safe as possible at the time (e.g., by managing either the environmental risk by isolating it, or managing the child's risk through increased observation).
 - Alert the responsible manager for advice and action as soon as possible.
- Report all incidents and near misses in accordance with current reporting systems.
- Access clinical risk management training that is commensurate with their role.

All Staff

All staff are responsible for:

- Advising their line manager if they are aware of any potential ligature or ligature point risk.
- Notifying any incidents regarding ligature risks (including near misses) to their line manager.
- Having a working knowledge of the contents of this policy.
- Being aware of the procedures for responding to a ligature-related incident.
- Attending briefing and training as required related to the implementation of this policy.
- Taking part in ligature risk assessments and/or ligature/ligature point audits as required.

4.4 Ligature/Ligature Point Audits and Assessment of Risk

The purpose of ligature/ligature point audits and associated risk assessments is to identify, assess, and evaluate a hazard and associated risk as objectively as possible, and to determine actions required to remove or reduce the risk.

Every effort should be made to reduce and manage environmental risk – by removing or making safe the most hazardous and obvious risks (e.g., ligature points). However, it is extremely difficult to completely eliminate environmental risk, and this may not be achievable or desirable. In some areas there will be positive reasons why some risks are taken and managed in a different way – through individual clinical risk assessment and management, or through observation and engagement.

Ligature/ligature point audit – The home will conduct ligature/ligature point audits at the following intervals:

- **Upon initial registration** and before any child is admitted.
- **Annually** (full review of all ligature points across both 62 and 66 Deighton Road).
- **Following any changes to the building or its fixtures** (e.g., new furniture, refurbishment, equipment installation).
- **Following any incident involving ligature use or suspected suicide attempt.**
- **When a child with identified self-harm or suicidal risk is admitted.**

The audit tool will be used to document findings, and the Registered Manager will maintain a **Ligature Risk Register** for both residences.

Risk ratings – All potential ligature risks identified have the potential to result in death or serious injury. Therefore, the potential for harm of all identified ligature risks shall be considered to be rated as the highest level (Level 5) under the home's Risk Assessment Policy. The risk rating is determined by multiplying the likelihood by the impact. As the impact is death or serious injury, even a low likelihood results in a risk rating requiring action.

Risk assessment – individual child

It is essential that implementation of this policy is based on an ongoing assessment of each child's needs and behaviours. The assessment of the likelihood of identified ligatures/ligature points resulting in death or serious injury should be made following the consideration of the following factors.

Considering the individual:

- Previous history of using ligatures.
- Previous history of self-injury.
- Sibling/family history of suicide.
- Anniversary of a significant event (e.g., family separation, death, trauma).
- Level of mood, hopelessness, and expression of suicidal thoughts.
- Suicidal intent, impulsivity control, and expression of suicidal thoughts.
- Changes in family situation.
- Diagnosis of mental health condition (e.g., depression, borderline personality disorder, eating disorder).
- Recent discharge from CAMHS inpatient unit.
- Exposure to recent trauma or loss.

Considering the environment:

- Whether the child has a private (unsupervised) room.

- Height of identified ligature risk point.
- Type of potential risk (e.g., ceiling-mounted vs wall-mounted).

The assessment must be **dynamic** – reviewed regularly and whenever there is a change in the child’s presentation or circumstances. The outcome must be documented in the child’s **“Keeping Me Safe Plan”** (an individualised dynamic risk assessment and safety plan that is regularly reviewed and monitored).

4.5 Action Following Audit and Individual Risk Assessment

The preventative and protective measures to be taken following the audit and associated risk assessment shall depend upon the level of risk posed and should take into account those who are especially vulnerable. They should be agreed by multi-disciplinary team members (including the child’s social worker, CAMHS where involved, and the child themselves where possible), who will work with the child to devise a safety plan that will include:

- Removal of ligature points or the replacement with safer alternatives.
- Removal of potential ligatures, either on a continual or intermittent basis.
- Implementation of an agreed observation strategy (e.g., levels of observation from normal interaction to constant line of sight).
- Review of medical intervention and levels of therapeutic engagement.
- Use of search policy to identify secreted or observable risk materials/objects.
- Rationale for review and re-grading.

Removal of potential ligatures needs to be considered as one of several options that can be used to enhance safety. It should always be used in conjunction with supportive observation, therapeutic engagement and social interaction.

Where it is not possible to remove structures identified as ligature points, other risk controls shall be considered, including changes to fittings, operational management and clinical management of the child, including:

- Increased social and therapeutic engagement.
- Increased observation levels (progressive, documented).
- Reducing access to the area (e.g., where a particular room contains high risk points, restriction of access may be considered for a limited period).

Important principle: Many items, particularly dangerous to individuals at risk, can be deemed by the child as being essential for the performance of day-to-day activities. Therefore, consideration of the needs and requirements of the individual must be given, with flexibility regarding implementation of this policy, where the safety of the individual allows.

Documentation: All actions following an audit or individual risk assessment must be documented in the child's "Keeping Me Safe Plan". The child's views should be recorded (where capacity and willingness allow), and any disagreement with risk management strategies should be escalated to the child's social worker and Independent Reviewing Officer (IRO).

4.6 Provision, Availability and Storage of Ligature Cutters

Ligature cutter

The ligature cutters used within the home are purpose-specific items that **must not be used for any other purpose** than dealing with this type of emergency situation.

Ligature cutters offer improved safety and effectiveness for cutting a ligature from a person when compared to some traditional methods (e.g., scissors). They are specially designed items that offer an effective and safe method of cutting a ligature that is tied around a person's body part, whether the ligature is tied solely to the person or attaches the person to any aspect of the environment (e.g., a door handle).

Ligature cutters are classed as multiple-use devices and therefore as an important safety item, relying on their sharpness to save life. **Cutters must either be replaced with new ones, or existing ones be sharpened and sanitised after every use.** The

Registered Manager must make immediate arrangements for a replacement to be available and for the used ligature cutter to be securely returned to the manufacturer or supplier for sharpening.

In the unlikely event that the ligature cutters become contaminated with bodily fluids, they should be disinfected using blood spillage chemicals prior to replacement (see the home's Infection Control Policy).

Availability and storage of ligature cutters

It is recognised that incidents involving self-harm and the use of ligatures might sometimes occur despite preventative strategies and measures. Consequently, **both residences (62 and 66 Deighton Road) identified as providing care for children assessed as being at risk of self-harm by the use of ligatures will be required to hold ligature cutters on site.**

The Registered Manager is responsible for ensuring that adequate numbers and types of ligature cutters are available based on the needs of the children and the size of the premises.

The Registered Manager, with the approval of the Responsible Individual, has discretion to keep ligature cutters on site where there are no children currently assessed as being at risk of suicide by the use of ligatures, as a safeguard against unexpected events.

Local arrangements must be in place to ensure that ligature cutters are stored securely in areas accessible only to staff, readily and easily available for emergency use. All staff must be aware of the storage location of ligature cutters, and the cutters must not be removed from their designated location other than when being used in emergency situations.

Risk assessments must identify the number of ligature cutters required and where they are to be positioned (e.g., one in a designated lockable cupboard in each residence, one carried by staff on night duty). The assessment should also consider the number of spare cutters required for the service.

The Registered Manager is responsible for ensuring that all staff working in their area(s) are aware of the availability and access to ligature cutters. This will need to be part of the local induction procedure for each area and documented.

Daily, weekly and monthly health and safety checks must include ensuring that ligature cutters are located in their identified location.

4.7 Information and Training

In services where clinical assessment of a child has identified a ligature risk, staff (including bank and agency) will receive information and training regarding ligatures and the use of ligature cutters. Training and refresher training will be provided at **annual intervals** with appropriate competency sign-offs from management within each service.

Instruction and information will include **demonstration and practice in the use of ligature cutters.**

After staff have received information and training relating to ligature cutters, they must familiarise themselves with their own local arrangements regarding access, storage and replacement at their place of work.

Although no special training is required to spot obvious hazards, anyone undertaking ligature/ligature point audits should be briefed on the process of using the audit tool. Identifying hazards becomes easier the more experience is gained.

All staff who are required to participate in associated child assessments and formulation of “Keeping Me Safe Plans” will be provided with relevant training, including the NICE guideline NG225 requirement that a psychosocial approach to risk assessment should be taken rather than reliance on prediction scales.

All clinical staff are required to access clinical risk management training that is commensurate with their role and update as relevant.

4.8 Guidance Regarding the Use of Ligature Cutters in Practice

Whilst this guidance cannot replace the need for appropriate staff training relating to ligature cutters, it is important that staff remember the fundamental points for their effective use (see separate “Procedure for Safe Use of Ligature Cutters” and manufacturer guidance).

Key principles in a ligature emergency:

1. **Stay calm** – Assess the situation.
2. **Call for help** – Shout for assistance; a second staff member should call emergency services (999) immediately if the child is unconscious or in significant distress.
3. **Locate the emergency ligature cutter** – From its designated storage location.
4. **Support the child** – If the child is suspended, support their body weight to reduce pressure on the neck.
5. **Cut the ligature** – Using the cutter, following training protocols. Cut as close to the point of attachment as possible, avoiding injury to the child.
6. **Do not remove the ligature from the child's neck until instructed by medical professionals** unless it is necessary to release the airway.
7. **After the incident** – Preserve the ligature and any knot for potential police investigation. Do not destroy or dispose of items without police advice.
8. **Support the child** – Administer first aid if trained, and await emergency services. Offer reassurance and remain with the child.
9. Complete incident reporting (see Section 4.9).

4.9 Reporting Requirements

All incidents involving the use of a ligature cutter must be reported in accordance with the home's accident/incident reporting system, which requires the following details:

- Details of the event and use of the ligature cutter.
- Details and locations of injuries sustained.
- The outcomes and any future learning points.

The nature of the incident and outcome(s) should prompt staff to comply with other policies and guidance as appropriate (e.g., Safeguarding Policy, RIDDOR reporting).

Management (including on-call management) must be informed immediately following the event, and must decide if the police or other authorities are to be informed.

Regardless of the immediate outcome of the ligature event, it may be prudent to consult with the police – for example, where there are concerns about self-harm with potential suicidal intent, where there may be a criminal element, or where the child is a looked-after child and there may be safeguarding implications.

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013):

- A ligature incident that results in **death** must be reported without delay.
- An incident that results in a **reportable injury** (e.g., fracture other than to fingers or toes, or any injury requiring hospital treatment) must be reported within 15 days.
- A **dangerous occurrence** (near miss) that could have led to death or serious injury must be reported immediately.

Ofsted Regulation 40 (Serious Event Notification):

The Registered Manager must consider whether a ligature incident meets the threshold for a **Regulation 40 notification** – for example, where a child sustains a serious injury requiring hospitalisation, there is a serious safeguarding concern, or where the incident indicates a failure in the home's systems or environment.

Preservation of evidence: The ligature and any knot are important items for any police investigation. Therefore, they should be 'interfered with' as little as possible and be preserved by leaving them at the scene wherever possible. Staff should avoid removing any remnants of a ligature still fixed to an environmental suspension point, and should only tidy up or dispose of any items at the scene after advice and permission has been given by the police.

4.10 Monitoring, Audit and Review

Monitoring of the content and approach to the completion of ligature audits and associated clinical risk assessments will be reviewed through the home's Governance Framework.

Monitoring activities will include:

- Review of ligature/ligature point audit records by the Regulation 44 independent visitor (monthly).
- Review of individual “Keeping Me Safe Plans” for children at risk during statutory reviews.
- Quarterly analysis of ligature incidents and near misses by the Registered Manager.
- Annual review of this policy by the Registered Manager and Responsible Individual.

This policy will be reviewed **every two years** (or earlier if required by changes in legislation, guidance, or following a serious incident). The next review is due in **March 2028**.

5. How the Home Trains its Staff About this Policy

Byram House provides structured training to ensure all staff understand and can implement this Ligature Policy effectively.

Training Element	Frequency	Method / Content
Induction	Upon appointment	Face-to-face training covering: definitions (ligature point, ligature, ligature cutter), the purpose of ligature risk management, the legal framework (HSWA, Management Regulations, RIDDOR, Children’s Homes Regulations), ligature/ligature point audits, individual risk assessment (“Keeping Me Safe Plan”), emergency procedures, the safe use of ligature cutters (including demonstration/practice), the dual-site operation (62 & 66 Deighton Road), and reporting requirements.

Annual refresher	Every 12 months	Classroom or virtual session covering updates to legislation (SCCIF 2026, NICE guidance, Working Together 2026), case studies, incident debriefs, and practice scenarios. Competency sign-off will be completed by management.
Ligature cutter practical training	At induction and annually	Practical demonstration and supervised practice in the use of ligature cutters (including cutting through sample materials, supporting a suspended weight, and post-incident procedures). Competency will be assessed and recorded.
Individual risk assessment training	At induction and biennially	Training on the "Keeping Me Safe Plan" process, dynamic risk assessment, psychosocial approach (NICE NG225), working with multi-disciplinary teams, and documentation requirements.
RIDDOR and Regulation 40 awareness	Annually	Training on reporting thresholds for RIDDOR (death, serious injury, dangerous occurrence) and Ofsted Regulation 40 notifications; practical examples of when to report.
Record keeping and data protection	At induction and refresh	Training on documenting audits, risk assessments, incidents, and the preservation of evidence for police investigations.
Record keeping	Ongoing	All training recorded on staff personnel files; managers monitor compliance.

Staff are required to:

- Read and sign this policy annually.
- Complete all mandatory training sessions, including practical ligature cutter training.
- Know the location of ligature cutters at both 62 and 66 Deighton Road.

- Know the emergency procedures for ligature incidents.
- Immediately report any new ligature risks identified through observation.

6. Related Policies and Guidance

This policy must be read in conjunction with:

- Safeguarding Policy
- Behaviour Management Policy
- Restrictive Physical Intervention Policy
- Health and Safety Policy
- Accident and Incident Reporting Policy (including RIDDOR)
- Data Protection Policy
- Children's Homes (England) Regulations 2015
- Working Together to Safeguard Children 2026
- Social Care Common Inspection Framework (SCCIF) for Children's Homes 2026
- NICE guideline NG225: Self-harm: assessment, management and preventing recurrence (2022, updated March 2026 chapter guidance)
- Local safeguarding partnership procedures (Kirklees)

Useful external resources:

- **NHS England – Staying safe from suicide** (www.england.nhs.uk/long-read/staying-safe-from-suicide)
- **Papyrus (suicide prevention charity for young people)** – 0800 068 4141 (HOPELINE247)
- **Childline** – 0800 1111
- **Samaritans** – 116 123 (available 24/7)

7. Policy Approval and Review Details



Byram House

Policy Name	Ligature Policy	
Home	Byram House	
Reviewed by	Danyaal Iqbal / Mustafa Amin	Deputy Manager / Registered Manager
Approved by	Stacey Wagstaffe	Responsible Individual
Date	May 2026	