HEALTH AND WELLBEING BOARD

Venue: **Town Hall, Moorgate Street, Rotherham S60 2TH**

Date: **Thursday, 19th March, 2015**

Time: **9.00 a.m.-10.00 a.m.**

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.

2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.

3. Questions from Members of the Press and Public

4. Update on RMBC Governance Arrangements
   Commissioner Manzie to report

5. Communications (Pages 1 - 4)
   Letter from Ministers regarding information sharing for the protection of children

6. Better Care Fund Section 75 Agreement

7. CSE Strategy Update
   David McWilliams, Interim Director, Commissioning and Performance, Children and Young People's Services

8. Self-Harm Guidelines (Pages 5 - 36)
   Public Health to present

9. Health and Wellbeing Strategy and Board Development (Pages 37 - 38)
   Introduction to Workshop session

10. Date of Next Meeting
    Wednesday, 22nd April, 2015, commencing at 9.00 a.m.

Department of Health

Home Office

Department for Communities and Local Government

Ministry of Justice

DEPARTMENT FOR EDUCATION

3 March 2015

To the Chief Executives of local authorities, Directors of Children's Services, Police and Crime Commissioners, Local Safeguarding Children's Boards, Health and Wellbeing Boards and GPs.

Our joint commitment to share information effectively for the protection of children

Today we have issued the Government's response to the chronic failures to protect children from sexual exploitation in Rotherham, which were the subject of recent reports by Alexis Jay and Louise Casey. The findings of these reports show that organised child sexual exploitation had been happening on a massive scale, over many years. This complete dereliction of duty in safeguarding vulnerable children is shocking. But it is not unique to Rotherham. We must use the tragedies experienced here and elsewhere across the country as opportunities to transform our processes, our ways of working and our cultures to tackle this threat. A key factor in this is sharing information. This letter sets out how and when personal information should be shared.

We all know that decisions to share information, with whom and when, can have a profound impact on a child's life. These decisions enable action to disrupt and deter offenders early on, to protect children from risk and support them to recover from the harm they may have suffered. These decisions can even mean the difference between life and death.

There can be no justification for failing to share information that will allow action to be taken to protect children. We know that skilled frontline staff can be hesitant and uncertain as to when and how they should be sharing information with other agencies. There can be many reasons for that, including a blame culture, bureaucracy and a fear of being challenged. Professional staff need to be able to

make these crucial decisions on a day to day basis. They need clarity and simple guidelines about when and how personal information should be shared.

An overview of the existing legislation and guidance on information sharing is annexed to this letter, together with a summary of our package of cross-Government information sharing guidance which will be published by the end of March 2015. The golden thread throughout all of this is that the duty to safeguard children must be paramount. Let's be absolutely clear - a teenager at risk of child sexual exploitation is a child at risk of significant harm. Nothing should stand in the way of sharing information in relation to child sexual abuse, even where there are issues with consent. The updates we are making to the Working Together to Safeguard Children guidance will be clear on everyone's responsibility in this regard. We will also publish a myth busting guide to help professionals take informed decisions.

Of course, failures to share information are not just due to legal barriers. We, as Secretaries of State, are clear on the need for genuinely integrated multi-agency approaches to underpin information sharing. Local processes or models must ensure that the right input from the right agencies is reflected and considered as part of risk assessments at the right time and in the right way, with jointly agreed and executed actions.

Every agency should commit to this approach. Local areas should consider the following principles for multi-agency working[1]:

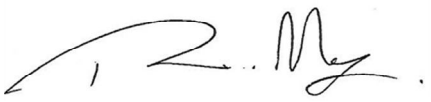
- **Integrated working (e.g. co-location)** – Close collaboration in multi-agency working is essential in developing 'real time' risk assessments to enhance decision making. A truly integrated approach helps to break down cultural barriers, leading to greater understanding and mutual respect among different agencies.
- **Joint risk assessments** – these ensure clear and sufficient information about particular cases and joint plans for individual interventions.
- **A victim focused approach –** the needs of the victim must be at the forefront of our approach not systems and processes.
- **Good leadership & clear governance** – strong leadership can often bind different organisations together to develop a shared culture.
- **Frequent review of operations –** to continue to drive improvement of service.

We know that there have been persistent and complex barriers to the effective sharing of information over the course of many years. We also appreciate that implementing the changes outlined in this letter will require sustained efforts at the local level. But it can and must be achieved. As leaders, you are responsible for developing a culture where the interests of the child are put first through championing the appropriate sharing of information and dealing robustly with staff who block, hinder or fail to share.

[1] Further detail on best practice arrangements can be found in the Multi Agency Working and Information Sharing Project Final Report, July 2014, https://www.gov.uk/government/uploads/system/.../MASH.pdf

We understand that the Information Commissioner is today welcoming our initiative. This is a joint commitment. If there is anything more we can do to support you in achieving the goals set out in this letter please do not hesitate to tell us.

Sincerely



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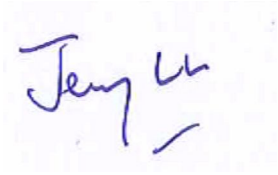


JEREMY HUNT

ANNEX

A summary of existing legislation and guidance on information sharing

- The Data Protection Act is the foundation of good information sharing practice. It places duties on organisations and individuals to process personal information fairly and lawfully. The Act is not a barrier to information sharing where a child is at risk.

- The seven Caldicott principles[2] build on this, setting out the approach to the handling of information to protect patient confidentiality. In order to provide effective care for children, information often needs to be shared beyond the normal boundaries of health and social care services. The seventh Caldicott principle makes clear that the duty to share information can be as important as the duty to protect patient confidentiality.

- The Information Commissioner's Office Data Sharing Code of Practice explains how the Data Protection Act 1998 (DPA) applies to the sharing of personal data. It provides helpful checklists for data sharing and advice on privacy impact assessments and data sharing agreements.

- In addition, we are streamlining and simplifying our approach to information sharing. By the end of March 2015, we will publish a comprehensive package of information sharing guidance. The package will include:

    - Her Majesty's Government '*Working Together to Safeguard Children'* statutory guidance which spells out the legislative requirements and expectations on individual services to safeguard and promote the welfare of children; and provides a clear framework for Local Safeguarding Children Boards (LSCBs) to monitor the effectiveness of local services.

    - *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers* specifically for all frontline practitioners and senior managers working in child and/or family services who have to make decisions about sharing personal information on a case by case basis. This simplifies current legislation and guidance into six overarching principles, and dispels common information sharing myths.

[2] The term Caldicott refers to a review commissioned by the Chief Medical Officer in 1997 on the sharing of patient information in respect of confidentiality. The subsequent Caldicott report recommended key principles for effective sharing and access to patient information.

Health and Wellbeing Board

1.	**Date:**	**23rd March, 2015**
2.	**Title:**	**Rotherham Self Harm Practice Guidance**

3. Summary

In 2013/14, Rotherham Youth Cabinet as part of its Youth Cabinet Manifesto looked at the subject of self-harm, recognising this as a local, as well as national issue, which is on the increase. Their aim was:

"to help develop information for young people around self-harm and [contribute to] a strategy to disseminate this. Also to work with services to improve access for young people seeking help and support around self-harm" (Rotherham Youth Cabinet, 2013).

In conjunction with this work, partner organisations had begun work drafting self-harm guidance for all staff working with children and young people, recognising that this is an emotive issue for staff supporting young people. The purpose of the guidance is to promote a safe, timely and effective response to children and young people who harm themselves or are at risk of harming themselves.

The guidance incorporates the findings from the work of the Rotherham Youth Cabinet, which includes the voice of young people who self-harm in Rotherham, and expertise from partners;

- Rotherham Metropolitan Borough Council: Public Health, Healthy Schools, Integrated Youth Support Service, Looked After and Adopted Children's Team and Educational Psychology
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- Rotherham Clinical Commissioning Group
- Rotherham Multi Agency Support Team
- Rotherham and Barnsley Mind.

4. Recommendations

That the Health and Wellbeing Board:

- **Agree and adopt this guidance for use across all services who work with children and young people both within the statutory and voluntary sector.**

5. Proposals and details

Background

Rotherham Youth Cabinet's work on self-harm focussed on:

- information/awareness raising;
- response of agencies, including access to early help;
- the role of schools and colleges.

This involved talking to young people, producing several case studies and discussing the findings with Providers and Commissioners in order to identify how services and support could be improved. The work of the Youth Cabinet, including their ten recommendations, were presented in outline to the Overview and Scrutiny Management who endorsed them at its Children's Commissioner's Day meeting of February 27, 2014. Two of the ten directly support the need for guidance on self-harm.:

1) That a consistent, concise and simple message is developed and disseminated for use by ALL organisations (including schools, health and social care, youth services, and voluntary/community sector);

2) That agencies work together to develop clear, consistent referral routes that are shared with ALL relevant organisations

This guidance is a framework for use by all agencies in Rotherham who work with children and young people, in order to promote a safe, timely and effective response to children and young people who harm themselves or are at risk of harming themselves. The guidance is intended for use with children and young people up to the age of 25 years and ***does not supersede safeguarding procedures***.

The guidance has been written to reflect the development of the self-harm pathway. The guidance will also appear on the CAMHS website which is in development. This website will be for workers, young people and parents/carers.

Proposals

It is suggested that the board accept and adopt this guidance for use across all services who work with children and young people both within the statutory and voluntary sector.

Finances

The adoption of this guidance needs to be supported by a robust training programme to ensure that workers feel confident and able to support young people, referring on when appropriate. This will have financial implications and exact costs at this time are uncertain. This is work being taken forward by the CAMHS Partnership Group and CAMHS Service Development Improvement Group.

Risks and uncertainties

The guidance is not adopted by partner organisations leading to inconsistency in providing support to young people who are self-harming and their families.

An absence of a coordinated programme of training for universal workers to accompany this guidance leading to staff feeling unsupported and unclear about best practice in when working with young people who self-harm.

6. Contacts

Ruth Fletcher-Brown, Public Health Specialist (Mental Health), RMBC
Ruth.Fletcher-Brown@rotherham.gov.uk, tel. 01709 255867

Rotherham Self-Harm Practice Guidance

The author would like to thank the work of the Northamptonshire Children's Partnership from who these guidelines are almost wholly adopted, and in addition to acknowledge that this is based on the example of the guidelines in "By their own hand" which was developed by the Oxfordshire Adolescent Self Harm Forum and we are grateful to them for allowing us to use their material.

Introduction

These guidelines are a framework for use by all agencies in Rotherham who work with children and young people, in order to promote a safe, timely and effective response to children and young people who harm themselves or are at risk of harming themselves. The guidelines are intended for use with children and young people up to the age of 25 years and do not supersede safeguarding procedures. They have been developed by a multidisciplinary group, whose membership included representatives from the following agencies:

- RMBC:- Rotherham Public Health, Educational Psychology, Integrated Youth Support Service, Healthy Schools, Looked after and adopted children's support & therapeutic team
- Rotherham Doncaster and South Humber NHS Foundation Trust
- Rotherham Foundation Hospital Trust (School Nursing)
- Rotherham Multi Agency Support Team (MAST)
- Rotherham and Barnsley Mind

Thank you to Rotherham Youth Cabinet whose work informed the development of the guidelines.

Thank you to the young people in Rotherham who were willing to share their experiences.

What is self-harm and how common is it?

Definition of self-harm

Self-harm, as defined in the National Institute of Clinical Excellence guidelines (2004), is an:

'… an expression of personal distress, usually made in private, by an individual who hurts him or herself. The nature and meaning of self-harm, however, vary greatly from person to person. In addition, the reason a person harms him or herself may be different on each occasion, and should not be presumed to be the same.' (NICE, 2004)

> *"I bottled up all my feelings and let it all out on myself instead of talking about it. Cutting myself made me feel like I could breathe again."* (Rotherham young person)

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, hanging or running in front of a car where the intent is deliberately to cause self-harm.

Some people who self-harm have a strong desire to kill themselves. However, there are other factors that motivate people to self-harm, including a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to express hostility, to induce guilt or to increase caring from others. Even if the intent to die is not high, self-harming may express a powerful sense of despair and needs to be taken seriously. Moreover, some people who do not intend to kill themselves may do so because they do not realise the seriousness of the method they have chosen or because they do not get help in time.

The estimates for self-harm amongst young people vary and indeed some may be an underestimate because many young people do not disclose that they are self-harming, treating themselves at home and never coming to the attention of services. However, one survey estimates that 1 in 10 young people self-harms at some point in their teenage years (Samaritans and The Centre for Suicide Research, University of Oxford, 2002). Over the past 40 years, there has been a large increase in the number of young people who deliberately harm themselves. The Mental Health Foundation/Camelot Foundation (2006) suggests there are 'probably 2 young people in every secondary school classroom who have self-harmed at some time'. Most young people who self-harm do not access acute services and are first noticed by people in the community; friends, teachers and family members (cited in the Child and Adolescent Self-harm in Europe (CASE) study, 2008)

Self-harm and suicide

There is often discussion about the difference between suicide and self-harm which can lead to confusion amongst professionals. The following explanation from the NSPCC explains:

'While some would argue that that self-harm is in fact the opposite of suicide, i.e. a way of coping with life rather than giving up on it, there is an equally compelling argument that they are part of the same continuum, both being a response to distress. There is sufficient evidence to suggest that skilled support at the time of the first episode of self-harming offers an opportunity to prevent further self-harming and, potentially, a suicide attempt.' NSPCC (2009)

What causes self-harm

The following risk factors, particularly in combination, may make a young person vulnerable to self-harm:

Individual factors:

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse.

Family factors

- Neglect or abuse (physical, sexual or emotional)
- Unreasonable expectations
- Poor parental relationships and arguments
- Depression, deliberate self-harm or suicide in the family.

Social Factors:

- Difficulty in making relationships/loneliness
- Persistent bullying or peer rejection
- Easy availability of drugs, medication or other methods of self-harm.

A number of factors may trigger the self-harm incident, including:

- Significant trauma e.g. bereavement, abuse
- Family relationship difficulties (the most common trigger for younger adolescents)
- Difficulties with peer relationships, e.g. break-up of relationship (the most common trigger for older adolescents)
- Bullying
- Self-harm behaviour in other students (contagion effect)
- Self-harm portrayed or reported in the media
- Difficult times of the year, e.g. anniversaries
- Trouble in school/college or with the police
- Feeling under pressure from families, school/college or peers or self to conform/achieve
- Exam pressure
- Times of change, e.g. parental separation/divorce.

However professionals should not assume that a young person's reason for self-harm remains the same:

'A person who regularly harms themselves may have different reasons on different occasions when they engage in these actions; indeed their motives can evolve over time.'
Royal College of Psychiatrists College Report (2010)

Warning signs

There may be a change in the behaviour of the young person that is associated with self-harm or other serious emotional difficulties, such as:

- Changes in eating/sleeping habits
- Increased isolation from friends/family
- Changes in activity and mood, e.g. more aggressive than usual, unhappy, low mood - seems to be depressed or unhappy
- Lowering of academic grades
- Talking about self-harming or suicide
- Abusing drugs or alcohol
- Becoming socially withdrawn
- Expressing feelings of failure, uselessness or loss of hope
- Risk taking behaviour (substance misuse, unprotected sexual acts)
- Wearing long sleeves at inappropriate times;
- Spending more time in the bathroom;
- Unexplained cuts or bruises, burns or other injuries;
- Razor blades, scissors, knives, plasters have disappeared;
- Unexplained smell of Dettol, TCP etc.
- Losing friendships;
- Withdrawal from activities that used to be enjoyed;
- Spending more time by themselves and becoming more private or defensive.

Examples of self-harming behaviour

- Cutting
- Taking an overdose of tablets
- Swallowing hazardous materials or substances
- Burning, either physically or chemically
- Over/under medicating, e.g. misuse of insulin
- Punching/hitting/bruising
- Hair-pulling/skin-picking/head-banging
- Episodes of alcohol/drug abuse or over/under eating at times may be deliberate acts of self-harm.
- Risky sexual behaviour

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

Some young people get caught up in mild repetitive self-harm, such as scratching, which is often done in a peer group. In this case, it may be helpful to take a low-key approach, avoiding escalation, although at the same time being vigilant for signs of more serious self-harm.

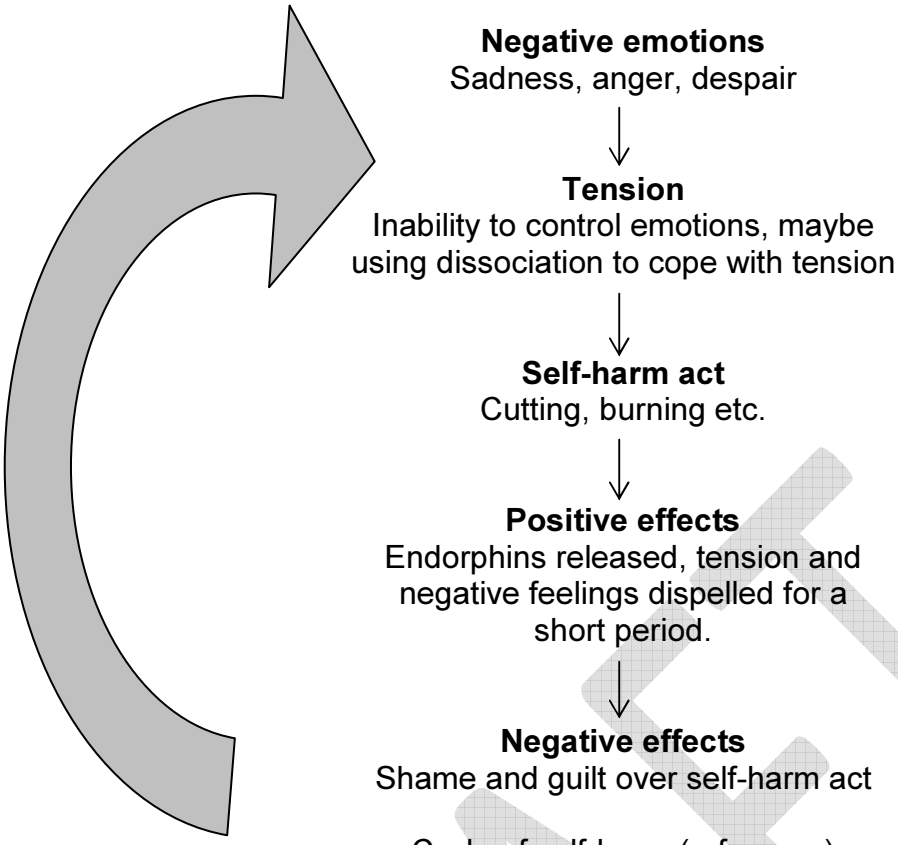
What keeps self-harm going?

Once self-harm, particularly cutting, is established, it may be difficult to stop. Self-harm can have a number of functions for the young person and it becomes a way of coping, for example:

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to feel real
- Way of punishing self
- Way of taking control
- To not feel numb
- To relieve emotional pain through physical pain
- Care-eliciting behaviour
- Means of getting identity with a peer group
- Non-verbal communication (e.g. of abusive situation)
- Suicidal act.

Cycle of self-harming/cutting

When a person inflicts pain upon him or herself, the body responds by producing endorphins, a natural pain-reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make the stopping of self-harm difficult. Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.



Cycle of self-harm (reference)

Understanding the Cycle of Self Harm : Available from
http://www.lifecentre.uk.com/dealing_with_the_effects/self_harm.html

Coping Strategies

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

- Using a creative outlet e.g. writing poetry & songs, drawing and talking about feelings
- Writing a letter expressing feelings, which need not be sent
- Contacting a friend or family member
- Ringing a helpline
- Going into a field and screaming
- Hitting a pillow or soft object
- Listening to loud music
- 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

- Keeping a diary
- Using stress-management techniques, such as relaxation
- Having a bath
- Looking after an animal

For some young people, self-harm expresses the strong desire to escape from a conflict of unhappiness. In the longer term, the young person may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling/therapy may be helpful. Family support is likely to be an important part of this. It may also help if the young person joins a group activity such as a youth club, a keep-fit class or a school/college-based club that will provide opportunities for the person to develop friendships and feel better about him or herself. Learning problem solving and stress-management techniques, ways to keep safe and how to relax may also be useful. Increasing coping strategies and social developing social skills will also assist.

Reactions of frontline staff

Frontline staff may also experience a range of feelings in response to self-harm in a young person, such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. It is important for all work colleagues to have an opportunity to discuss the impact that self-harm has on them personally.

Young people may present with injuries to first-aid or reception staff in schools/colleges and other centres. It is important that these frontline staff are aware that an injury may be self-inflicted and that they pass on any concerns.

Higher risk and vulnerable groups

Anyone can self-harm. This behaviour is not limited by gender, race, education, age, sexual orientation, socio-economics, or religion. Whilst it is difficult to accurately ascertain the exact levels of self-harming behaviour, research supports that the following groups may be more vulnerable:

- Children and young people who have experienced physical, emotional or sexual abuse.
- Adolescent females;
- Young people in a residential setting;
- Lesbian, gay and bisexual and/or transgender young people;
- Young Asian women;
- Children and young people in isolated rural settings;
- Children and young people who have a friend who self-harms;
- Groups of young people in some sub-cultures who self-harm;
- Young people with an existing mental health problem
- Young people in custodial settings

How to help

Do

- When you recognise signs of distress, try to find ways of talking with the young person about how he or she is feeling
- Build up a full picture of the young person's life by talking to other adults who come into contact with him or her. Find out any particular strengths and vulnerabilities (see Appendix 11 Risk and Protective Factors).
- Use open questions rather than closed ones to help the young person explore their concerns.
- Be an active listener; use your eyes as well as your ears to truly pay attention to what someone is saying or not saying. Watch the young person's facial expression and the posture that accompanies the words they are speaking. These will all give clues as to how someone is truly feeling.
- Empathise with the young person – imagine walking in their shoes.
- Be positive about what the young person is saying without being dismissive. Know when to listen and when to talk.
- Be aware of what you can and cannot do to help, and be prepared to discuss this with the young person (Appendix 4)
- Think about the local resources there are in the community which could support the young person. Initially for advice or support a referral to the GP the young person sensitively. Do not make promises you cannot keep.
- Resist the temptation to tell them not to do it again, or promise you that they won't do it.
- It is important that all attempts of suicide or deliberate self-harm are taken seriously. All mention of suicidal thoughts should be noticed and the young person listened to carefully (see CARE about suicide resource CARE,
- or school nurse may be considered. You can ring the CAMHS Duty Line for advice on 01709 304808.
- Consider what resources could be available for children and young people who are home educated learners and may not have access to the same traditional support networks.
- Contact the person's parents/carers unless it places the child or young person at further risk (see Safeguarding Procedures). Discuss your concerns and provide carer with the parent's fact sheet (See Appendix 9, Fact sheet on self-harm for parents and carers) and help the carers/parents to understand the self-harm so they can be supportive of the young person.
- Take a non-judgemental attitude towards the young person. Try to reassure the person that you understand that the self-harm is helping him or her to cope at the moment and you want to help. Explain that you need to tell someone. Try to work out together who is the best person to tell.(See Appendix 5 My plan to stay safe from self-harm and Appendix 6 My Safety Net)

- Discuss with the young person the importance of letting his or her parents/carers know and any fears he or she may have about this.
- Follow your organisations policy of informing the designated person/senior management of your concerns. For education staff, think about the resources there are in school/college and the local community which could support the young person. A referral to the GP, CAMHS or school nurse may also be considered, depending on the seriousness of the threat.
- The Children & Young People's Service Safeguarding Team should be informed if the young person discloses child protection concerns. Document any conversations you have had with the social worker. Record who you spoke to, the time, date and any advice they have given you to follow.
- A Family CAF (Common Assessment Framework) could be raised at a network meeting if appropriate.
- If other agencies are already involved with the young person, then it may be important to liaise with these agencies and work together.
- Follow up the contact with parents/carers with a letter indicating your concern.
- Have crisis telephone numbers available and easily accessible to young people (see Appendix 7, Information on self-harm for young people).
- Record any incident (see Appendix 2, Incident form).
- Seek support for yourself if necessary.

Don't

- Firstly, don't panic. Make sure the child or young person is safe. If you find a young person who has self-harmed, e.g. by overdosing or self-cutting, try to keep calm, give reassurance and follow the first-aid guidelines as directed by your organisation. **In the case of an over-dose of tablets, however small, advice must be obtained from a medical practitioner (Accident and Emergency Department).**
- Do not try to solve the problem for them or say 'the right' thing.
- Don't give advice too quickly or evaluate how the young person is feeling and define their experience for them.

What appears to be important for many young people is having someone to talk to who listens properly and does not judge. This may be, for example, Mentors, Counsellors, School Nurses, Teachers, Youth Support Workers, Special Educational Needs Coordinators, Behaviour Support Teachers, Education Welfare Officers, Educational Psychologists or someone that the young person chooses to talk to.

> *"My Head of Year also checked in on me a lot and told me I could come for a chat at any time."* (Rotherham young person)

Simple things you can say:

Asking about self-harm does not increase the behaviour.

Check your own feeling and thoughts before asking any questions. If your feelings or thoughts about the young person are negative in anyway, they will be communicated to them non-verbally when you talk to them and hinder the helping process.

See the person, not the problem, talk in a genuine way. Address them as you would wish to be addressed.

'I've noticed that you seem bothered/worried/ preoccupied/troubled. Is there a problem?'

'I've noticed that you have been hurting yourself and I am concerned that you are troubled by something at present'

'We know that when young people are bothered/troubled by things, they cope in different ways and self-harm is one of these ways. Those who do this need confidential support from someone who understands problems in relation to self-harm. Unfortunately I don't have the skills to help, but I would like to help by asking (Name of counsellor) to see you. Would you agree to this?'

Understanding the self-harm

It may be helpful to explore with the young person what led to the self-harm – the feelings, thoughts and behaviours involved. This can help the young person make sense of the self-harm and develop alternative ways of coping.

> *"I self-harmed because of a lack of confidence and being in distress- people need to understand though that there are a variety of reasons that people like me self-harm- we don't all fit into the same hole."* (Rotherham young person)

Confidentiality & Information sharing

Confidentiality is a key concern for young people, and they need to know that it may not be possible for their support member of staff to offer complete confidentiality**. If you consider that a young person is at serious risk of harming him or herself or others, then confidentiality cannot be kept.** It is important not to make promises of confidentiality that you cannot keep, even though the young person may put pressure on you to do so. If this is explained at the outset of any meeting, then the young person can make an informed decision as to how much information he or she wishes to divulge.

Strategies to help

- Consider consultation with CAMHS Locality Worker/Educational Psychologist/School nurse.

- Arrange a mutually convenient time and place to meet within the school/college environment
- At the start of the meeting, set a time limit.
- Make sure the young person understands the limits of your confidentiality.
- Encourage the young person to talk about what has led him or her to self-harm.
- Remember that listening is a vital part of this process.
- Support the young person in beginning to take the steps necessary to keep him or her safe and to reduce the self-injury (if he or she wishes to), e.g.
    - Washing implements used to cut
    - Avoiding alcohol if it's likely to lead to self-injury
    - Taking better care of injuries (the school health nurse may be helpful here). (See **Appendix 5** My plan to stay safe from self-harm)
- Help the young person to build up self-esteem.
- Help the young person to find his or her own way of managing the problem e.g. talking, writing, drawing or using safer alternatives, if the person dislikes him or herself, begin working on what he or she does like, if life at home is impossible, begin working on how to talk to parents/carers (See **Appendix 5** My plan to stay safe from self-harm)
- Help the young person to identify his or her own support network, e.g. using Protective Behaviours (see **Appendix 6** My Safety Net) or other therapeutic strategies.
- Offer information about support agencies. Remember that some Internet sites may contain inappropriate information (see Appendix 10 National Advice and Help Lines)
- If you have a number of young people who self-harm in your school/college, you may consider seeking consultation with your CAMHS Locality Worker and Educational Psychologist.

"Knowing people were there for me and people did care about me, is what mainly helped me overcome self-harm." (Rotherham young person)

Further considerations

- Record any meetings with the young person. Include an agreed action plan, including dates, times and any concerns you have, and document who else has been informed of any information. (See **Appendix 3** Action plan)

- It is important to encourage young people to let you know if one of their group is in trouble, upset or shows signs of harming. Friends can worry about betraying confidences, so they need to know that self-harm can be dangerous to life and that by seeking help and advice for a friend they are taking a responsible action. (See Appendix 8, My friend has a problem)

- Be aware that the peer group of a young person who self-harms may value the opportunity to talk to an adult, individually (See Appendix 8, My friend has a problem)

"*I opened up to my closest friend and told him how I felt and he made me feel loved, cared for and accepted. He made me feel good about myself, like I had nothing to punish myself for."* (Rotherham young person)

Response of supportive members of staff

For those who are supporting young people who self-harm, it is important to be clear with each individual how often and for how long you are going to see them, i.e. the boundaries need to be clear. It can be easy to get caught up in providing too much help, because of one's own anxiety. However, the young person needs to learn to take responsibility for his or her self-harm.

If you find that the self-harm upsets you, it may be helpful to be honest with the young person. However, be clear that you can deal with your own feelings and try to avoid the young person feeling blamed. The young person probably already feels low in mood and has a poor self-image; your anger or upset may add to his or her negative feelings. However, your feelings matter too. You will need the support of your colleagues and management if you are to listen effectively to young people's difficulties.

Issues regarding contagion

When a young person is self-harming, it is important to be vigilant in case close contacts of the individual are also self-harming. Occasionally, schools/colleges discover that a number of students in the same peer group are harming themselves. Self-harm can become an acceptable way of dealing with stress within a peer group and may increase peer identity. This can cause considerable anxiety, both amongst professionals and other young people.

Each individual may have different reasons for self-harming and should be given the opportunity for one-to-one support. However, it may also be helpful to discuss the matter openly with the group of young people involved. In general, it is not advisable to offer regular group support for young people who self-harm.

Be aware that young people communicate electronically also through e.g. MSN networks.

General aspects of prevention of self-harm

An important part of prevention of self-harm is having supportive environments that are focused on building self-esteem and encouraging healthy peer relationships. For example effective anti-bullying policies and a means of identifying and supporting young people with emotional difficulties is an important aspect of this. Further examples of protective factors at an individual, family and environmental level can be found in Risk and Protective Factors. (See **Appendix 11** Risk and Protective Factors)

Support/training aspects for professionals

Professionals giving support to young people who self-harm may experience all sorts of reactions to this behaviour in young people, such as anger, helplessness and rejection. It is helpful for professionals to have an opportunity to talk this through with work colleagues or senior management.

Professionals with this role should take the opportunity to attend training days on self-harm (refer to Safeguarding Prospectus). Professionals should make use of their own organisations PDR process to identify any learning and development requirements. Professionals should make use of the CAMHS Advice Line 01709 304808.

Appendix 1

Checklist for schools/colleges: supporting the development of effective practice

The school/college has a policy or protocol for supporting students who are, self-harming or at risk of self-harming. The school governors have approved this. ☐

The Rotherham Self-harm Guidelines have been approved by the school governors. ☐

Training

All new members of staff receive an induction on child-protection procedures and setting boundaries around confidentiality. ☐

All members of staff receive regular training on child-protection procedures. ☐

The following staff groups – reception staff, first-aid staff, technicians, dinner supervisors – receive sufficient training and preparation for their roles. ☐

Staff members with pastoral roles (head of year, child protection co-coordinator, SENCO etc.) have access to training in identifying and supporting students who self-harm. ☐

Communication

The school/college has clear open channels of communication that allow information to be passed up, down and across the system. ☐

All members of staff know to whom they can go if they discover a young person who is self-harming. ☐

The senior management team is fully aware of the contact that reception, first-aid staff, technicians and dinner supervisors have with young people and the types of issue they may come across. ☐

Time is made available to listen to and support the concerns of staff members on a regular basis. ☐

Support for staff/students

School/college members know the different agency members who visit the school/college, e.g. school/college counsellors, school health nurses etc. ☐

Male members of staff are supported in considering their responses to girls whom they notice are self-harming. ☐

Staff members know how to access support for themselves and students. ☐

Students know to whom they can go for help. ☐

School/college ethos

The school/college has a culture that encourages young people to talk and adults to listen and believe. ☐

Appendix 2

Sample of an incident form to be used when a young person self harms

School/College Date of Report

Age Gender Year Form group Special needs

Young person's name

Staff member Position

Incident

……

……

……

……

Date and time of occurrence……

Action taken by school/college personnel

……

……

Decision made with respect to contacting parents and reasons for decision

……

……

Appendix 3 **Action plan**

Name of school /college/organisation…….

Name of young person……

DOB…….. Age…….

Date action plan commenced……..

Staff/worker name……

Position……

Summary of concern……..

……..

……

……

……

Agreed actions……

……....

……

……

……..

Involvement of other agencies……..

……..

……

……

……

Review date……

Appendix 4 **CARE about suicide**

CMS will need to insert document

Appendix 5 **My plan to stay safe from self-harm**

Plan for: _____ (name)

1) **I know I am likely to harm myself when:**
(e.g. how would other people be able to tell? what do you think about when you feel really bad, how do you behave …)

2) **The things that stop me from harming myself are:**
(e.g. thinking about loved ones, don't want scars…)

3) **When I feel like harming myself I want people to**:
(name several people and what you would want them to say/do e.g. be reminded of things in 2 above)

4) **If I have harmed myself or think I might harm myself, it would be helpful to contact the following people:**

(who to contact and how, what to say to them – think of as many options as possible)

5) **If I need medical attention (for an overdose or injury) or urgently need to see a specialist mental health worker**:
I will call 999 and ask for an 'ambulance' or arrange for help to get to the nearest A and E Department. My nearest A and E Department is at Rotherham NHS Foundation Trust

6) **I will share this plan with the following people so they can help me stay safe:**
(e.g. workers, family members, friends, etc. List names and contact details, think about how you will tell them about the plan and if you want anyone to support you with this)

7) **Any other relevant information?**

Date _____

Signed _____ (young person)

Signed _____ (worker name and job title)

Now photocopy for young person/worker and any other people the young person wants to share the plan with.

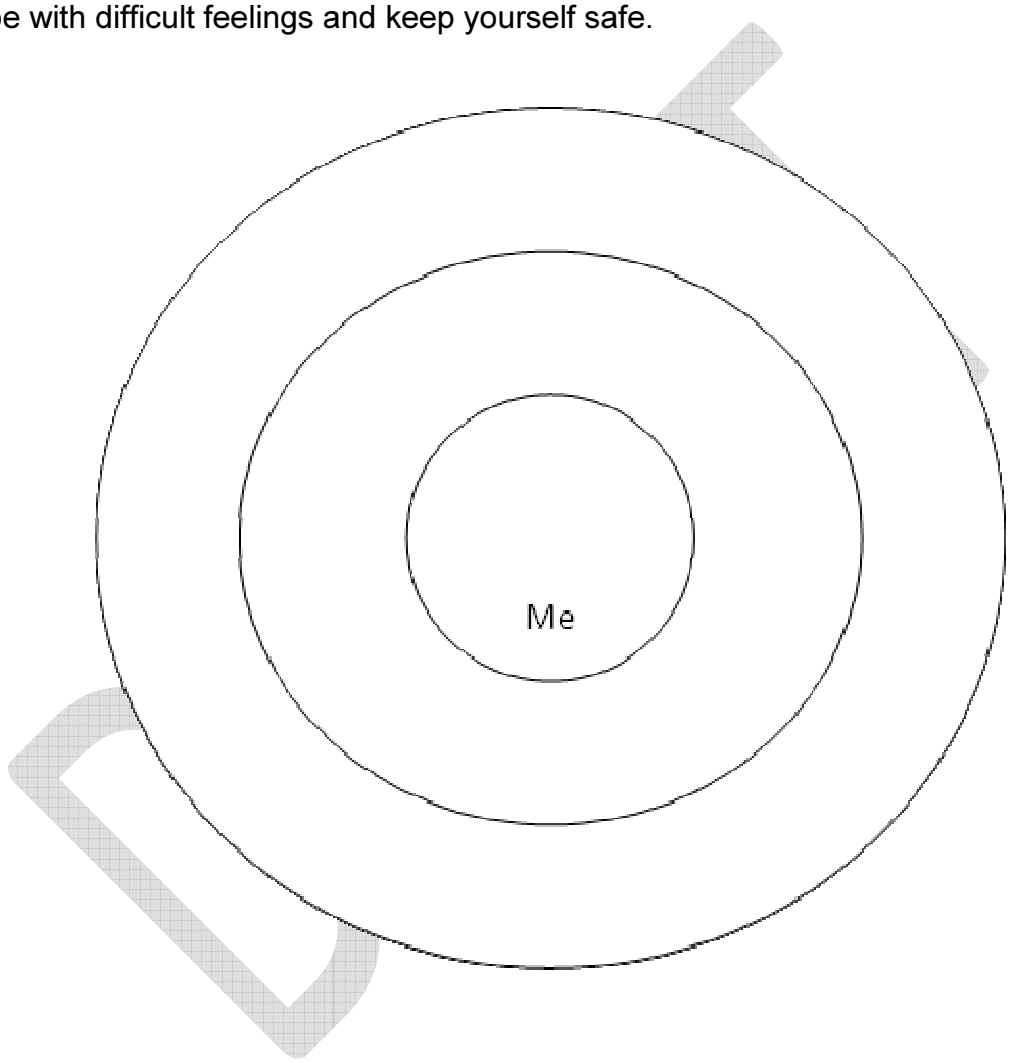
(This resource has been adapted from an original one developed by Dr Catherine Wright Clinical Psychologist, Rotherham)

Appendix 6 **My Safety Net**

There are different types of people in our lives. Try to identify some people in each of the groups below that you would feel most comfortable talking to:

- Family and close friends
- Friends and people you see every day
- Help lines and professional people you could go to for help.

Also, write into the space below the safety net the things that you can do yourself to cope with difficult feelings and keep yourself safe.



Things I can do myself to cope with difficult feelings

Things I can do to keep myself safe

……
……
……
……
……

Appendix 7

Information on self-harm for young people

What is self-harm?
Self-harm is where someone does something to deliberately hurt him- or herself. This may include cutting parts of the body, burning, hitting or taking an overdose.

How many young people self-harm?

A large study in the UK found that about 7 per cent (i.e. 7 out of every 100 people) of 15- to 16-year-olds had self-harmed in the past year.

Why do young people self-harm?

Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult things that people who self-harm talk about include:

- Feeling sad or worried
- Not feeling very good or confident about themselves
- Being hurt by others: physically, sexually or emotionally
- Feeling under a lot of pressure at school/college or at home
- Losing someone close, such as someone dying or leaving.

When difficult or stressful things happen in a person's life, it can trigger self-harm. Upsetting events that might lead to self-harm include:

- Arguments with family or friends
- Break-up of a relationship
- Failing, or thinking you are going to fail, exams
- Being bullied

Often, these things can build up until the young person feels he or she cannot cope anymore. Self-harm can be a way of trying to deal with or escape from these difficult feelings. It can also be a way of the person showing other people that something is wrong in his or her life.

How can you cope with self-harm?

Replacing the self-harm with other, safer, coping strategies can be a positive and more helpful way with dealing with difficult things in your life. Helpful strategies can include:

- Finding someone to talk to about your feelings, such as a friend or family member
- Talking to someone on the phone, e.g. you might want to ring a helpline
- Writing and drawing about your feelings, because sometimes it can be hard to talk about feelings
- Scribbling on and/or ripping up paper
- Listening to music
- Going for a walk, run or other kind of exercise
- Getting out of the house and going somewhere where there are other people
- Keeping a diary
- Having a bath/using relaxing oils, e.g. lavender
- Hitting a pillow or other soft object
- Watching a favourite film

Getting help

In the longer term it is important that the young person learns to understand and deal with the causes of stress that he or she feels. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

- *At home:* parents/carers, brother/sister or another trusted family member
- *In school/college:* school/college counsellor, school nurse, teacher, teaching assistant or other member of staff.
- *GP:* You can talk to your GP about your difficulties and he or she can make a referral for counselling or specialist CAMHS support.

- *National:*
  - Childline: tel 0800 1111 or www.childline.org.uk
  - PAPYRUS (Prevention of Young Suicide) – HopeLineUK 0800 068 4141 www.paprus-uk.org
  - Samaritans: tel. 08457 90 90 90 or email jo@samaritans.org.uk
  - Young minds: www.youngminds.org.uk/for_children_young_people

- *Local:*
  - Youth Start 01709 255266
  - Rotherham Crisis Service (24 hours) for those aged 16 plus 01709 302670
  - Rotherham Children and Adolescent Mental Health Service (CAMHS) 01709 304808
  - Know the Score (Young People's Service Drugs & Alcohol) 01709 836047

Appendix 8

My friend has a problem: how can I help?

- You can really help by just being there, listening and giving support
- Be open and honest. If you are worried about your friends safety you should tell and adult. Let your friend know that you are going to do this and you are doing it because you care about him or her.
- Encourage your friend to get help. You can go with your friend or tell someone that he or she wants to know about it.
- Get information from telephone helplines, websites, a library, etc. This can help you understand what your friend is experiencing:

  Young minds: www.youngminds.org.uk/for_children_young_people
  Samaritans: tel. 08457 90 90 90 or email jo@samaritans.org.uk
  Childline: tel 0800 1111 or www.childline.org.uk
  PAPYRUS (Prevention of Young Suicide) – HopeLineUK 0800 068 4141 www.paprus-uk.org

- Your friendship may be changed by the problem. You may feel bad that you can't help your friend enough or guilty if you have had to tell other people. These feelings are common and don't mean that you have done something wrong or not done enough.
- Your friend may get angry with you or tell you that you don't understand. It is important to try not to take this personally. Often, when people are feeling bad about themselves, they get angry with the people they are closest to.
- It can be difficult to look after someone who is having difficulties. It is important for you to talk to an adult who can support you. You may not always be able to be there for your friend, and that's ok.

Appendix 9

Fact sheet on self-harm for parents/carers

As a parent/carer, you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs is support from you. The person needs you to stay calm and to listen to them cope with very difficult feelings that build up and cannot be expressed. The person needs to find a less harmful way of coping.

What is self-harm?
Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, running in front of a car, burning, either physically or chemically, hair-pulling/skin-picking/head-banging, risk taking behaviour e.g. alcohol intoxication where the intent is to deliberately cause harm to self.

How common is self-harm?
Over the past 40 years, there has been a large increase in the number of young people who harm themselves. A large community study found that among 15- to 16-year-olds, approximately 7 per cent had self-harmed in the previous year.

Is it just attention-seeking?

There are many factors that lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. However, some people who self-harm have a desire to kill themselves. Even if the young person does not intend to take their own life, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention-seeking behaviour.

Why do young people harm themselves?

All sorts of upsetting events can trigger self-harm, such as arguments with family, break-up of a relationship, failure in exams and bullying at school/college. Sometimes several stresses occur over a short period of time and one more incident is the final straw.
Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes, young people try to escape their problems by taking drugs or alcohol. This only makes the situation worse. For some people, self-harm is a desperate attempt to show others that something is wrong in their lives.

What you can do to help

- Keep an open mind
- Make the time to listen.
- Help the person find different ways of coping.
- Go with the person to get the right kind of help as quickly as possible.

Some people you can contact for help, advice and support are:

Local

- Your child's school/college
- Your family doctor
- School Nurse
- Health Visitor
- CAMHS Duty Line: Tel. 01709 304808

National

- Young Minds Parents Information Service: Tel. 0808 802 5544
- Samaritans: Tel. 08457 90 90 90
- PAPYRUS HOPELine UK: Tel. 0800 068 4141

Appendix 10 **National Advice and Help Lines**

- Childline – call free on 0800 1111 www.childline.org.uk
  24hrs helpline for children and young people up to the age of 19 providing confidential counselling
- National Self-Harm Network - www.nshn.co.uk
  Support for people who self-harm, provides free information pack to service users.
- NSPCC Self-harm Your guide to keeping your child safe
  www.nspcc.org.uk/preventing-abuse/keeping-children-safe/self-harm/
- PAPYRUS (Prevention of Young Suicide) – HopeLineUK 0800 068 4141
  www.paprus-uk.org
  Offers a helpline to give support, practical advice and information to children and young people up to the age of 35 years and anyone who is concerned that a young person may be suicidal
- Royal College of Psychiatrists: Self-harm in young people: information for parents, carers and anyone who works with young people
  http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/self-harm.aspx
- Samaritans – 08457 90 90 90 www.samaritans.org.uk
  Confidential emotional support for anybody who is in crisis.
- Young Minds – www.youngminds.org.uk
  Information on a range of subjects relevant to young people.

Appendix 11 Risk and Protective Factors

Protective Factors	Risk Factors
Family Factors	**Family Factors**
Child • High self-esteem • Good problem solving skills • Easy temperament • Able to love and feel loved • Secure early attachments • Good sense of humour • A love of learning • Being female • Good communication skills • Belief in something bigger than the self • Having close friends	**Child** • Low self-esteem • Few problem solving skills • Difficult temperament • Unloving and reject love from others • Difficult early attachment • Tendency to see things literally • Fear of failure • Genetic vulnerability • Being male • Poor communication skills • Self-centred thinking • Rejected/isolated from peer group
Parents/carers • High self-esteem • Warm relationship between adults • High marital satisfaction • Good communication skills • Good sense of humour • Capable of demonstrating unconditional love • Set developmentally appropriate goals for the child • Provide accurate feedback to the child • Uses firm but loving boundaries • Believes in and practice a 'higher purpose'	**Parents/carers** • Low self-esteem • Violence or unresolved conflict between adults • Low marital satisfaction • High criticism/low warmth interactions • Conditional love • Excessively high or low goals set for the child • Physical, emotional or sexual abuse • Neglect of child's basic needs • Inconsistent or inaccurate feedback for the child • Parents/carers with drug or alcohol problems • Parental mental health problems
Environmental Factors	**Environmental Factors**
School/college • Caring ethos • Students treated as individuals • Warm relationships between staff and children • Close relationships between parents/carers and school/college • Good Personal, Social and Health Education PHSE • Effectively written and implemented behaviour, anti-bullying, pastoral policies • Accurate assessment of special needs, with appropriate provision	**School/college** • Excessively low or high demands placed on child • Student body treated as a single unit • Distance maintained between staff and children • Absent or conflictual relationships between staff and school/college • Low emphasis on Personal, Social and Health Education PHSE issue • Unclear or inconsistent policies and practice for behaviour, bullying and pastoral care • Ignoring or rejecting special needs
Housing and community • Permanent home base • Adequate levels of food and basic needs • Access to leisure and other social amenities • Low fear of crime • Low level of drug use in the community • Strong links between members of the community	**Housing and Community** • Homelessness • Inadequate provision of basic needs • Little or no access to leisure and other social amenities • High fear of crime • High levels of drug use • Social isolated communities

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Richardson, C. et. Al. (2006), *The truth about self-harm*. London: Mental Health Foundation & Camelot Foundation

Royal College of Psychiatrists College Report (2010*) CR158 Self-harm, suicide and risk: helping people who self-harm Final report of a working group.* Royal College of Psychiatrists

Samaritans and The Centre for Suicide Research, University of Oxford, 2002

Health and wellbeing task group meeting 09/03/15

In attendance:

Joanna Saunders (RMBC public health) – chair
Carole Haywood (RMBC resources)
David McWilliams (RMBC CYPS)
Robin Carlisle (Rotherham CCG)
Shona McFarlane (RMBC NAS)
Michael Holmes (RMBC resources)

Key points and actions:

General

- **JSNA** – emphasised that this is intrinsically linked to the strategy and suggested that a quarterly briefing is provided, highlighting updates and changes, together with an annual review. It would also be useful to plot key dates at which relevant data updates are published. [I mentioned this to Miles – he thought that concentrating on data updates, rather than reviewing quarterly when often very little will have changed, might be more useful.]
- **19th March workshop** – discussion about whether the workshop session would be of value at this stage or whether a prior meeting of various partnership board chairs with key officers may be more effective.
- **HWb board business manager** – it was suggested that such a post, similar to the safeguarding children board role, could be of significant benefit. Partners could potentially joint-fund a p/t post for 3 years. **Action: Michael to obtain the LSCB business manager JD.**

Strategy refresh

- **Overall approach** – should the strategy be a high level document that's delivered through a number of subsidiary plans or a more detailed strategy with commensurate targets and performance management arrangements?
    - Possibly take a pragmatic view and identify a small number of key priorities for the next 12 months.
- **Current HWb strategy** - outcomes were about culture change and should have informed relevant commissioning plans/strategies, but by and large this hasn't happened, possibly because the strategy is too complex. The "things" (local priorities such as obesity, smoking, NEETs) emerged from a combination of local consultation and a recognition that they were the main drivers of premature mortality.
    - The new strategy needs to be outcome focused and less complex with fewer priorities.
    - Specific focus on poverty should continue, recognising the correlation between income inequality and health and wellbeing outcomes.
- **Performance management** – changes in headline measures will tend to be long-term so we need an effective way of measuring progress i.e. are we doing the right things and are we doing them well?
    - Look to adopt at least some of the principles of outcome-based accountability.

Next steps

- Refresh timetable based on these discussions **(Action: Michael)**
- Look at examples of HWb strategies from elsewhere **(Action: Joanna)**
- Next meeting in approx. two weeks **(Action: Michael to arrange)**
- Agenda for next meeting to focus on the structure of the new strategy **(Action: Joanna/Michael)**

Revised timetable

Description	**Due date**	**Responsibility**
Establish strategy task and finish group	March	Public health (PH) / RMBC policy and partnership (P&P)
Review and refresh of JSNA	April	PH
Facilitated board workshop / consultancy support	March (workshop on 19th)	PH / P&P
Develop and agree draft structure for refreshed strategy	April	Task group / HWb board
Initial consultation utilising existing engagement mechanisms (i.e. Healthwatch / VAR / VCS)	May-June	RMBC commissioning / VAR
Produce first draft of strategy	June	Task group
HWb board peer review	Wk bgn 1st June	PH/P&P
Consultation and follow-up workshop	July	PH/P&P
Final drafting of strategy	August-September	Task group
Approve strategy	September	HWb board
Launch strategy	October	P&P / comms teams