

Scrutiny review: improving access for young people seeking help and support around self-harm

Rotherham Youth Cabinet
(Spring 2014)



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CONTENTS

| | | |
|----------|---|-----------|
| 1 | Original Concerns – why the youth cabinet wanted to look at this Issue | 3 |
| 2 | Focus of the review | 3 |
| 3 | Background | 4 |
| 3.1 | What is self-harm | 4 |
| 4 | Evidence gathering | 6 |
| 4.1 | Case Studies | 6 |
| 4.2 | Discussions with service providers, schools/colleges and other support services | 7 |
| 4.3 | Discussions with commissioners and decision makers | 9 |
| 5 | Conclusions | 11 |
| 6 | Recommendations | 11 |
| 7 | Thanks | 12 |
| 8 | Information Sources/References | 12 |

1 ORIGINAL CONCERNS – WHY THE YOUTH CABINET WANTED TO LOOK AT THIS ISSUE

The charity YoungMinds report that an estimated one in twelve young people may self-harm at some point in their lives (YoungMinds, 2014). The incidence of self-harm has continued to rise in the UK over the past 20 years and, for young people, is said to be among the highest in Europe (Royal College of Physicians, 2010). ChildLine has seen a 167% increase in counselling sessions about self-harm in the last two years alone (NSPCC, 2014).

Aware that this is a problem facing young people in Rotherham, the Youth Cabinet agreed as part of its Youth Cabinet Manifesto (2013-14):

“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).

This piece of work was undertaken as part of RMBC’s commitment to the Children’s Commissioner’s Day. The idea behind the day is to give:

“...children and young people the chance to be involved in decision-making. Children and young people benefit from the opportunity to...make their voices heard, while adults and organisations gain a fresh perspective on what they do” (Children’s Commissioner for England, 2013).

The Youth Cabinet was supported in its work by Members of the Overview and Scrutiny Management Board (OSMB), namely Cllrs Currie, Falvey and Steele.

The Voice and Influence Team (Integrated Youth Support Service) facilitated this project, with support from an officer in Scrutiny Services.

2 FOCUS OF THE REVIEW

Because of the strength of feeling about this issue and knowing that it is a growing problem within Rotherham, the Youth Cabinet formed a sub-group to:

- find out what is out there to help young people; and
- try and reduce barriers for young people getting help and support.

Its work focused on:

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

The Youth Cabinet first attended an awareness session delivered by mental health specialists to ensure that they had a good understanding of the issues involved. They then talked to their peers and gathered a series of anonymous case studies which were used to inform two further evidence sessions; the first being with representatives from service providers and schools and colleges and second focusing on decision makers and commissioners. The planning and preparation for these meetings took place in the evening or during school or college holidays.

In addition, to ensure that the elected members who agreed to be part of this review had a thorough understanding of the issues, an in-depth briefing was given to OSMB by mental health professionals on December 13, 2013.

The awareness session and preparation of the case studies took place towards the latter end of 2013, with the discussions with service providers and decision makers taking place in January and early February 2013.

The Centre for Public Scrutiny (CfPS) defines 'good scrutiny' as including the following:

- provides 'critical friend' challenge to policy-makers and decision-makers;
- enables the voice and concerns of the public and its communities;
- drives improvement in public services.

(CfPS, 2010, p. 6)

The process carried out by the Youth Cabinet fulfils each of these criteria. The Youth Cabinet provided constructive challenge to providers and decision makers; highlighted gaps from the perspective of service users, and came up with imaginative yet practical recommendations to improve services for young people, professionals and carers seeking advice and information about self-harm.

The findings of their work was presented by the Youth Cabinet to the Overview and Scrutiny Management Board (OSMB) and their invited guests at its 'Children's Commissioner's Day' meeting on February 27, 2014. The meeting coincided with the Self-Harm Awareness Day, held annually on March 1st, which is supported by major children's and mental health charities. The Youth Cabinet distributed orange ribbons to each of the attendees to commemorate the event.

The Youth Cabinet and Elected Members would like to thank all those who contributed to this review for their time and co-operation, and especially to the young people who were willing to share their stories.

3 BACKGROUND

3.1 What is self-harm

As part of its evidence gathering the Youth Cabinet undertook awareness training delivered by Sara Graham of Rotherham and Barnsley Mind and Ruth Fletcher-Brown, the Council's lead Public Health specialist in mental

health. This covered definitions of self-harm, its prevalence and an exploration of common myths and misconceptions.

Self-harm is a relatively common problem that is frequently misunderstood and kept hidden. Therefore it is not surprising that myths and stereotypes have grown around the subject. Most commonly there is a belief that self-harm is an 'attention seeking behaviour'. However, this is contradicted by the fact that most self-harm is carried out in private and over a long period before help is sought. Another belief is that self-harm is something that groups of young people do together. Whilst it is important to be aware that within friendship groups, some individuals may self-harm, it is rare that young people self-harm in front of others.

There are several definitions of self-harm or injury:

'....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)

"Hurting yourself to deal with difficult feelings. It can be through physical or emotional means, which may not be obvious to those around you." (Youth Cabinet presentation to OSMB, 2014)

The awareness raising established that sometimes young people cannot explain why they self-harm, especially when the self-harm itself is a means of communicating what cannot easily be put into words or even into thoughts. Self-harm is a way of expressing very deep distress.

Self-harm can be a way to help someone to cope with painful emotions that threaten to overwhelm them such as: anger, sadness, self-hatred, emptiness, grief, loneliness, guilt and shame.

The reasons why young people self-harm are complex – the Youth Cabinet identified some situations which may cause young people to self-harm. These include: bullying, stress and worry about exams and school work, difficulties in peer /family relationships, experience of abuse, bereavement, domestic abuse and confusion about sexuality.

The Youth Cabinet gave a powerful presentation which outlined what self-harm may entail:

- Cutting
- Burning
- Self-hitting or head banging
- Interference with wounds
- Hair pulling
- Bone breaking
- Multiple methods from above

The local picture shows that self-harm tends to be higher amongst girls. Cutting and paracetamol overdose, are the main methods of self-harm in Rotherham (presentation to OSMB: December 13, 2013).

4 EVIDENCE GATHERING

4.1 Case Studies

It was important for the Youth Cabinet to reflect the views of Rotherham young people who had self-harmed and their uncertainties, fears and experiences about services. They talked to over twelve young people who had self-harmed and their comments are summarised below:

- Many said that they were unsure of where to get help and support around self-harm and or the available services. Whilst there are posters in schools and Youth Centres around drugs, alcohol, sexual health etc. there is little about self-harm.
- One girl said that she should be able to contact her doctor directly for an appointment rather than going through her parents. She felt that this had prevented her seeking help.
- Most of the case studies didn't know who their school nurse was or where and when they can be contacted. There was a view that the school nurse only comes in to see certain students and isn't accessible for everyone.
- School stress is a big factor with some young people who self-harm. A young person said that in one school assembly before Christmas, they were told not to worry about school, exams etc. over Christmas and to have a relaxing time. They felt they had been given 'permission' to de-stress over Christmas.
- A young person said that a teacher was told about her self-harming and they told her parents, which made the situation worse. This would stop some young people approaching schools for support.
- Some young people said that they got in a very bad way before they get any help or support. Some said they want help earlier to stop them feeling like they do which leads to them self-harming.
- One young person said that adults are the problem as they 'freak out' when the issue is raised – this makes the problem worse.
- Young people suggested having young people/young adults as peer support is helpful as they may be more approachable and fully understand. Young people have said that peer support groups (i.e. Safe Havens) work well for anti-bullying, drug and alcohol support etc.
- Several young people highlighted inconsistent responses from their GPs. A young person went to the doctor's when she was self-harming. She has said that they were not helpful as their reaction made self-harming seem 'normal' rather than a significant issue.
- One young person said that she had tried to get support from different services but nothing helped. Then she emailed the Samaritans and that was helpful. Sometimes young people don't want to talk face to face

with people as their preferred method of communication is texting and social networking.

- Some young people say that services available are too clinical which make it hard to approach them for help.
- Young people have said that they don't know what to do when they notice a friend is self-harming or a friend confides in them about self-harming. They don't know what to do with the information.
- Parents/Carers need advice and support around how to react and how to support young people who self-harm.
- Young people have said that lack of self-esteem and feeling worthless led them to self-harming

4.2 Discussions with service providers, schools/colleges and other support services

On the basis of the case studies, the Youth Cabinet identified some core questions. They invited representatives of provider agencies, schools/colleges and Council services to a 'round table discussion' to discuss current provision and identify ways in which services to young people can be improved.

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|---------------------|---|
| Sue Gittins | The Rotherham NHS Foundation Trust, Vulnerable Children's Service |
| Dr Simon McCormick | The Rotherham NHS Foundation Trust, Accident and Emergency Department |
| Kate Boulton | Know the Score, RDaSH |
| Richard Bryan | RDaSH – Children and Adolescent Mental Health Services |
| Paul Boyden | Youth Start, RMBC |
| Kay Denton-Tarn | Healthy Schools Co-ordinator, RMBC |
| Ann Berridge | Health and Wellbeing Co-ordinator, IYSS, RMBC |
| Simon Priest | Education Psychology Service, RMBC |
| Ruth Fletcher Brown | Public Health, RMBC |
| Emma Norton | Wath Comprehensive School |
| Kerry Smith | Thomas Rotherham College |
| Sandie Holloway | Dearne Valley College |
| Kevin Stevens | Rotherham Local Children's Safeguarding Board |
| Dorothy Smith | Director of Schools and Lifelong Learning, RMBC |
| Joyce Thacker | Strategic Director, Children and Young People's Services, RMBC |

In addition, submissions were received from Lesley Sowerby, Winterhill School and Sara Graham, Rotherham and Barnsley Mind (who were unable to attend the stakeholder event). The submissions outlined the benefits of adopting a 'whole-school' approach to promoting positive mental health. This included student access to support, consistent messages delivered through assemblies and publicity and training to staff to enable them to respond appropriately and sensitively to the issues raised.

The first meeting took place on January 16, 2014. A summary of the discussion points are outlined below:

INFORMATION AND AWARENESS RAISING

- How is the range of different services currently advertised?
- How do you ensure that your service is known to young people?
- How do you ensure your publicity information is clear, stands out, is not boring and young people understand it?
- Are there any improvements that can be made to the way that services are promoted?

SCHOOLS AND COLLEGES

- How do you ensure that young people are aware of their school nurse, how to contact them and when they are available?
- What information/support is given to schools/colleges to ensure that teachers and staff are aware of the issues around self-harm, treat young people seriously and provide appropriate support and information?
- Can you give examples of what preventative measures are put in place by schools/colleges to minimise stress or anxiety (for example around exams or assignments)?
- How can schools (and other services) ensure there is a balance between confidentiality and safeguarding – how can they offer support without breaking confidences of the young person by telling parents?
- What role do you think peer support groups (for example Safe Havens) can have for young people who are self-harming to meet and discuss their issues and offer mutual support?

RESPONSE OF AGENCIES, INCLUDING ACCESS TO EARLY HELP

- How can you make sure support is there for young people before things get too bad so that they can deal with issues before they start self-harming?
- Young people often feel that adults 'freak out' when the issue around self-harm is raised. How do you raise awareness with adults to avoid this?
- What are the advantages or disadvantages of having young people/young adults who have experienced self-harming as peer mentors and counsellors?
- How can support staff and health professionals be trained to ensure they have the approach and reactions which feel fully supportive and not patronising to young people?
- Are there any support services for young people in Rotherham to seek support via text, Apps or social networking and if so, how is this publicised to young people? What are the advantages/ disadvantages

to this approach?

- How do you make sure that help and advice is available ‘out-of-hours’ (for example, a young person may need help in the middle of the night)
- How can you ensure that your service relates to the young person, making it modern and more young people friendly – not clinical?
- How do friends get support to both deal with the fact their friends are self-harming and also how to help their friends?
- How can parents and carers be made aware of the best ways to support their children?

The discussions were very productive and enabled a free exchange of views. There were three tables, with a selection of young people and professionals, each led by a Youth Cabinet member (supported by a Councillor). Each table focused on a different issue ensuring that everyone had an opportunity to comment and discuss on the points identified above.

The discussions raised a number of issues about the way that services were designed and delivered. Comprehensive notes were taken from each of these discussion sessions. From these, common themes were identified and subsequently compared, refined, and grouped into a ‘long list’ of action points.

4.3 Discussions with commissioners and decision makers

The Youth Cabinet prioritised the areas that they wished to raise with commissioners of services and other decision makers. From the original ‘long list’ of almost fifty action points, they reached a consensus about which areas were most important.

These are summarised below:

SERVICES

- Consistent, up-to-date, concise, simple messages across all agencies - be clear where young people can get help and support and eliminate myths;
- Accessible information – a Rotherham ‘offer’ that ‘fits’ around the service user or young person seeking help and advice;
- Clear and consistent referral pathways across all agencies - schools, GPs, Know the Score, CAMHS, Youth Start etc.;
- Explore the benefits of using peer support (e.g. Safe Havens) – either within school/college or other settings (with appropriate support for peers);

SCHOOL/COLLEGES

- Share good practice from schools and colleges (peer support/ small group work/ good access to school nurses/ proactive ‘whole school’

approaches to mental health and well-being);

- Preventative approach and tailor services/support according to identified need (not one-size-fits all);
- Consistency in PHSE curriculum and its delivery;
- Stress busting (exam time);
- Ensure school nurses are accessible to pupils (on consistent basis);
- Important to raise awareness of headteachers/senior leaders to get 'buy in';
- Teachers and support staff should be aware of self-harm and not see it as being a 'taboo' subject (applies across all services);

ACCESS TO EARLY HELP

- Ensure that face-to-face and on-line help in a secure/confidential way is available (including 'out-of-office' hours);
- More one-to-one drop-in sessions at youth clubs - not everyone has home computer / internet access;
- Information and support for parents/carers in place;
- Ensure that services seek out and incorporate feedback from young people into service design and delivery;
- Training and awareness of staff who come into contact with children and young people regularly updated (consistent approach – multi-agency delivery).

The Youth Cabinet met with a number of representatives of commissioning bodies or people with decision making responsibilities on February 12, 2014.

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| Dr Russell Brynes | Rotherham Clinical Commissioning Group |
| Kate Tufnell | Rotherham Clinical Commissioning Group |
| Kerry Byrne | IYSS, RMBC |
| Ruth Fletcher-Brown | Public Health, RMBC |
| Paul Theaker | Commissioning, RMBC |
| Phil Morris | Rotherham Local Children's Safeguarding Board |
| Lisa Jewitt | Vice-Chair of Governors, Wingfield Academy |

Again, session was a productive exchange of views, with each group focusing on the priority areas (outlined above) and to seek views on how/if these can be incorporated into service design/delivery. Unfortunately, no one was available from the Secondary Heads' Forum to participate in this session.

Each of the areas were discussed in turn, focussing on potential barriers and how these could be addressed. From these an agreed set of recommendations were formed.

5 CONCLUSIONS

This brief report gives an overview of several weeks work by members of the Youth Cabinet. It demonstrates how seriously the young people involved in this review approached this issue. It is also a positive reflection of the commitment of the different agencies – health, education, social care and voluntary sector. Each sent representatives who gave freely of their time outside of the normal working day.

At each stage of the work, the Youth Cabinet had access to expert advice from the Public Health Specialist (Mental Health). This ensured that the discussions were made on an informed basis, with information being provided on current initiatives and services.

From the case studies and their own independent research, the Youth Cabinet asked a series of questions to providers and commissioners of services. Involving young people in this kind of scrutiny provides a unique perspective on how well services are being delivered and where improvements can be made.

Through this piece of work, the Youth Cabinet were able to challenge local authorities and public service providers, supported in part by Elected Members, taking a rational and reasoned approach to the discussions and recommendations. As a result of these discussions, adults gained a better understanding about the kind of services young people value, with young people also appreciating some of the pressures faced by services.

In a further demonstration of their commitment, Youth Cabinet members are presenting the case studies and their findings to a borough-wide conference on Suicide Prevention to be held on April 3, 2014. The conference will involve key stakeholders including secondary headteachers, health and social care professionals and commissioners of services.

In arriving at the following recommendations, the Youth Cabinet hope that the important issues raised in this review will influence decisions about the future funding, design and delivery of self-harm support services.

6 RECOMMENDATIONS

The following 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.

- 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, vol-comm sector);
- 2) That agencies work together to develop clear, consistent referral routes that are shared with ALL relevant organisations;
- 3) In line with recommendations 1) and 2), ensure that resources/training/support are available for schools, colleges, parents, young people etc.;

- 4) That young people are involved in developing user-friendly information/media messages (including new technology/social media);
- 5) That young people are involved in service design e.g. commissioning of school nurses;
- 6) That advice to young people on self-harm is available through drop-ins, one-to-one sessions as well as web-based materials;
- 7) That consideration is given to ways in which the service can 'fit' around the young person and that appropriate 'out-of-hours' advice/support is available;
- 8) That the provision of information on self-harm to all schools and colleges is improved and standardised;
- 9) That schools and colleges are encouraged to establish a forum to share best practice around support and advice (for example work around peer support and strategies to address stress and exam pressure);
- 10) Examine ways in which student access to school nurses can be improved.

7 THANKS

- To the young people who shared their stories
- Participants in the stakeholder events
- Sarah Bellamy, Voice and Influence Team, IYSS
- Ruth Fletcher-Brown, Public Health Specialist, RMBC
- Sara Graham, Rotherham and Barnsley Mind
- Richard Bellamy and Hannah Etheridge, Democratic Services
- Chris Majer and Janet Spurling, Scrutiny Services

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