CHILDREN'S AND YOUNG PEOPLE'S TRUST BOARD

GENESIS CENTRE, KING STREET, ALFRETON, DE55 7AG

Thursday 10th September 2015, 4.30pm – 6.30pm

AGENDA

1.	**Apologies for Absence**	
2.	**Declarations of Interest**	
3.	**To confirm the minutes of the meeting held on 11th June 2015 and matters arising**	
4.	**To confirm the minutes of the Core Business Group meetings held on 16th July and 13th August 2015 and matters arising**	
5.	**Derbyshire Youth Council** Main discussion item: How can the Trust Board support the Youth Council in delivering its Manifesto priorities	DYC Members
6.	**Breaking down the silos: Partnership working and moving towards joined up, person-centred commissioning** Main discussion item: Briefing note to be circulated separately	Dr. Isobel Fleming

PAPERS FOR AGREEMENT		
7.	**Future in Mind Transformation Plan** Update on progress. The Board will be asked to discuss and agree the key themes and direction of travel.	Dr. Isobel Fleming
8.	**Draft Children and Young People's Plan** The Board will be asked to consider and agree the refreshed Children and Young People's Plan	Linda Dale
9.	**Locality Partnerships** The Board will be asked to discuss and agree the future of the Locality Partnerships, including: (i) What the Partnerships should be asked to prioritise for the remainder of this year (ii) Whether a small pooled budget be created or whether any funding needs should be considered on an 'ad hoc' basis;	Linda Dale

	(iii) Board Members will be asked to brief their staff teams and identify suitable representation for each Locality Partnership	
10.	**Self Harm Guidance** The Board will be asked to approve this draft guidance for practitioners in universal/targeted services	Linda Dale

11.	**Healthwatch – Young Carer's Story** Presentation and discussion	Tanya Nolan
12.	**Safeguarding Board update**	Christine Cassell

PAPERS FOR INFORMATION*(It is not planned to discuss any of the following papers at the meeting. If any Board member wishes to discuss a paper for information, please can they notify the Chair 48 hours in advance of the meeting)*		
13.	**Director of Public Health's Annual Report** The Board is asked to note this report, and the proposals for launching and disseminating it during the autumn.	Alison Pritchard
14.	**Healthwatch – CAMHS report North Derbyshire** This is proposed for discussion at the December meeting	Karen Ritchie
15.	**Healthwatch – CAMHS report South Derbyshire** This is proposed for discussion at the December meeting	Karen Ritchie
16.	**Healthwatch – Autism Pathway Report** This is proposed for discussion at the December meeting	Karen Ritchie
17.	**Performance Monitoring Report**	Linda Dale

Children and Young People's Plan 2015-16 to 2017-18

Introduction

This plan sets out the priorities for Derbyshire's Children's and Young People's Trust, and what it will do to make a difference to the lives of children, young people and their families living in Derbyshire.

The Children's and Young People's Trust is a partnership of a number of agencies and organisations who provide services and support to children and young people. The Board is working **to improve the wellbeing of all children and young people** who live in or receive services in Derbyshire whilst redressing inequalities between the most disadvantaged children and their peers.

THE CHILDREN'S AND YOUNG PEOPLE'S TRUST VISION:
Working together to support and inspire children, young people and their families to be the best they can be; safe, healthy, happy, learning and working

OUR AIM:
Our aim is to ensure that everyone working with children and young people and their families will do their best to deliver the vision.

OUR BELIEFS:

- **All children and young people aged 0-19 and their families should benefit from improved services.**
- **Children, young people and their families and carers will be at the centre of all arrangements in Derbyshire to improve outcomes and their participation is essential.**
- **Services should be available and accessible.**
- **Staff in all children's services should, as far as possible, work and be trained together and share a common understanding.**
- **Staff from all agencies should work together wherever this is likely to improve services**

Overarching priorities of the Children's Trust Board

The Children's Trust Board has three key priorities -

1. Keeping children and young people safe

- Promoting positive emotional health and wellbeing for children and young people
- Reducing the risk of child sexual exploitation
- Reducing the prevalence of domestic abuse and ensure early identification and support for children and young people affected by domestic abuse

2. Ensuring children and young people are healthy and ready to learn

- Supporting parents and carers to give their children the best possible start in life, and to make healthy choices for their child
- Improving children's readiness for school
- Closing the gap in outcomes for the most vulnerable children

3. Ensuring young people and their families are ready for work

- Raising the aspirations of young people and their families
- Making sure that young people have the opportunity to undertake real work experience
- Ensuring that young people have the skills they need for life and work

The Board will scrutinise and constructively challenge partners' collective performance, strategies and plans across all of these key priority areas, to ensure that plans are in place that will bring about a real improvement in outcomes for children and young people in Derbyshire.

During 2015-16, the Board has identified the following two priority areas that it will focus on most closely, to ensure that the opportunities of new legislation and/or additional funding drive a transformation in the experience of children, young people and families:

- Promoting positive emotional health and wellbeing for children and young people
- Improving support and outcomes for children and young people with special educational needs and disabilities (SEND) (Closing the gap in outcomes for the most vulnerable children)

Links to Health and Wellbeing Board

The Children's and Young People's Trust Board is a sub group of the Health and Wellbeing Board. The vision of Derbyshire's Health and Wellbeing Strategy is to **improve the health and wellbeing of everyone in the county** with a particular emphasis on those who are most vulnerable and those who have the poorest health. This vision clearly links with the key priorities of the Children's and Young People's Trust.

The Health and Wellbeing Board has four key priorities, one of which is to improve children's mental health and emotional wellbeing.

Links to Derbyshire Safeguarding Children Board

The Children's and Young People's Trust works closely with the Derbyshire Safeguarding Children Board. The priorities of the Safeguarding Board are:

Headline Priority:
to ensure the effectiveness of the Board is outstanding, to safeguard the children and young people of Derbyshire

Priority areas:

- CSE and E safety
- Children and young people affected by parental substance misuse
- Children and young people misusing substances (including legal highs)
- Emotional wellbeing of children and young people (including self-harm and suicide)
- Children and young people affected by domestic violence

The priorities of the Health and Wellbeing Board, Safeguarding Children Board and Children's and Young People's Trust are therefore closely aligned. A protocol is in place which governs the relationships between the Boards.

How are Derbyshire children doing compared with all children in England?

The following table illustrates the health and wellbeing outcomes for children and young people in Derbyshire compare with England overall-

Better than England Average	Close to England Average	Worse than England Average
Teenage conceptions	Child Protection Plans	Smoking in pregnancy
Childhood obesity	Achievement at Early Years Foundation Stage	Breastfeeding
Number of children in poverty	GCSE Attainment	17 & 18 year olds in learning
Number of children in need	16-18 NEETs	Emotional health of children in care
Number of children in care	Hospital admissions due to substance misuse	Permanent and fixed term exclusions
Child Protection Plans lasting 2+ years		GCSE attainment of pupils on Free School Meals
Adoptions from care		Hospital admissions due to self-harm
Achievement at Key Stage 2		% of pupils in good or better schools
Participation of care leavers in education or employment		
School Attendance		

Delivering our priorities

Working together to achieve more

Partners are working towards the priorities set out by the Children's and Young People's Trust Board and Health and Wellbeing Board through planning and commissioning services with **the vision** of ensuring the best possible outcomes for children and young people in Derbyshire. We will work on **delivering our priorities** through

close links with partner multi-agency boards and partnership planning and commissioning groups including-

- Health and Wellbeing Board
- Derbyshire Safeguarding Children Board
- The six Locality Partnerships
- The 21st Century and Joined Up Care Boards (in the north and south NHS 'units of planning')

We will involve **children and young people** in a variety of ways including-

- Youth Council and Youth Forums
- Children in Care council
- Children's rights and advocacy service

Voluntary, community and independent organisations working for children and their families will play an important part in delivering our priorities through the community interest company.

What we will do to achieve our priorities:

The Children's and Young People's Trust Board will add value to the work of partner agencies by:

- Making sure that the 'whole system' is working together effectively to improve outcomes for children and young people, with shared goals and outcomes, the right incentives for each agency/partner to drive improvement; effective information-sharing and effective practice in multi-agency working;

- Scrutinising emerging strategies and plans, to ensure that they will deliver progress towards the Board's vision and agreed priorities, and drive improvement to achieve consistently good outcomes across the whole County;

- Constructively challenging and holding partners to account for their contribution to partnership working and the agreed priorities;

- Identifying any gaps in services/support for children and young people and taking action to address these;

- Identifying and promoting best practice, and supporting innovation;

- Ensuring that there is strong participation by children, young people and families, and that their voice is at the heart of decision-making. The Board will support the Derbyshire Youth Council to deliver its Manifesto pledges, and will ensure that the views of young people are brought to the Health and Wellbeing Board;

- Sharing and where necessary joining together transformation work which is taking place in the North and South Derbyshire units of planning.

What will we do to drive forward transformation of children, young people's and families' experiences in the two key priority areas for 2015-16:

Priority	*What the Children's and Young People's Trust Board will do in 2015-16*	*What difference this will make*
Promote positive emotional health and wellbeing for children and young people	Actively drive and shape the local 'Transformation Plan' to improve children and young people's emotional health and wellbeing in Derbyshire, ensuring that the voice of children and young people is central to the plan and that it transforms their experience of the whole system not just specialised CAMHS services Oversee implementation of the agreed plan, ensuring strong partnership commitment to delivery Offer the Derbyshire Youth Council practical support to deliver its Manifesto pledge, including a hard-hitting anti-stigma	Children and young people will feel more positive about their emotional health and wellbeing Children and young people will feel that their school and other local services are helping them to be resilient and to cope with life situations Children and young people will know how to access help if they need it Children, young people and their families will feel that they are listened to and involved in decisions

	campaign Refresh and reinvigorate the Locality Partnerships, to enable them to own and drive forward transformation at locality level	about their care Fewer children and young people will be admitted to hospital or placed in specialist, in-patient units Reduction in suicides and self-harm incidents. Fewer children and young people will be excluded from school
Improving support and outcomes for children and young people with SEND	Evaluate the progress which is being made with implementation of the SEND reforms, to understand what impact this is having on the experience of children and young people and their families; Participate in qualitative 'audits' of families' experience of the Education, Health and Care needs assessment process;	Positive feedback from young people and families about the support they receive, and about joined-up multi-agency working More young people with SEND are participating in higher education Fewer young people with SEND are excluded from school

	Actively drive and shape plans for further integration of service delivery to improve families' experiences and promote effective joint working; Ensure that services in Derbyshire are delivering all statutory requirements and expectations Ensure that effective multi-agency planning and support is in place to help young people prepare for adult life Ensure that quantitative and qualitative data is available to evaluate the outcomes which are being achieved by young people with SEND in Derbyshire and know that the reforms are delivering improvements	On average, pupils with SEND are making more progress between key stages in education, reducing the attainment gap Children and young people with SEND are participating actively in society, and are as healthy as possible More young people with SEND are supported to live independently in adult life.

Working in partnership across localities to deliver our priorities

The **Children's and Young People's Trust Board** has established Locality Partnerships in six areas:

Amber Valley
Erewash
Bolsover and North East Derbyshire
High Peak and North Dales
Chesterfield
South Derbyshire and South Dales

These partnerships are working hard to deliver the key priorities of the Children's Trust Board. The priorities for each LP are:

Locality priority action areas for 2015/16 and 2016/17

Amber Valley

- **tbc**

Bolsover

- **tbc**

Chesterfield

- **tbc**

Erewash

- **tbc**

High Peak and North Dales

- **tbc**

South Derbyshire and South Dales

- **tbc**

DERBYSHIRE CHILDREN & YOUNG PEOPLE'S TRUST BOARD

SEPTEMBER 10th 2015

LOCALITY PARTNERSHIPS

Purpose of the Report

The Board is asked to agree proposals for the future of the Locality Partnerships and approve the draft terms of reference appended.

Overall Summary

This paper makes proposals to re-focus and re-launch the Locality Partnerships, based on the steer from the Board discussion on 11th June and subsequent discussions with the Core Business Group and current Locality Partnership Chairs.

If the proposals are agreed, there will be a need to re-launch the Partnerships. The Chairs have expressed concern about decreasing engagement, resulting in a number of meetings having to be cancelled.

Board members will be asked to brief their staff teams about the new arrangements, and make sure there is clarity about local representation on each Partnership group by the end of September.

It is recommended that the Board gives the Locality Partnerships clear direction about what it would like them to focus on for the remainder of 2015-16. This could be young people's mental health – in particular, mobilising local activity to deliver the Future in Mind transformation plan and to embed the self-harm guidance.

It is recommended that the Locality Partnerships are asked to discuss the new arrangements at their October / November meetings, and:

- Agree who will be Chair and Vice Chair for the next 2 years;
- Discuss the refreshed Children and Young People's Plan (if agreed by the Board) and update their local plans accordingly.

The regular planning cycle (see below) would then start from 2016-17.

Information and Analysis

At its 11th June meeting, the Children's Trust Board discussed the purpose, role and organisation of the Locality Partnerships (LPs). The key areas of agreement were that:

- The LPs should continue;
- Governance and reporting should be primarily to the Children's and Young People's Trust Board. However, there should continue to be joint working between the LPs and the Safeguarding Board;
- Children and young people should have a stronger voice within the LPs, and the LPs should take action to address local priorities and issues identified by children and young people;
- The LPs should be multi-agency and should not be owned or chaired by any single organisation;
- There should not be a 'fixed' number of priorities. A manageable number of local priorities should be identified locally, from the suite of Children's Trust and Safeguarding Board priorities.

Based on this steer, more detailed options have been developed and discussed with the Children's Trust Core Business Group and the current Locality Partnership Chairs. Further to the agreement reached at the Board on 11th June, it is now proposed that:

- Chairing: The Chair of the LPs would rotate between agencies, with a Chair and Vice-Chair being elected to serve a 2 year term.
- Relationship with Children's Trust & Safeguarding Boards:
    - The LP Chairs would not be members of the full Children's Trust or Safeguarding Boards. They would be copied into the agenda and papers where relevant, and sent a digest of the discussion following each Board meeting, to highlight any action needed locally and any issues for LPs to consider. (An additional section would be added to Board papers to assist the Board to identify key messages and actions for LPs).
    - LPs would be invited routinely to feed intelligence about local issues and priorities to the Children's Trust Board, and would continue to report at least annually to the Core Business Group and the Derbyshire Safeguarding Children Board.
- Involvement of young people: The DYC Youth Forums would be represented on the LPs and consulted about local priorities. Children

and young people would be able to bring requests to the LPs for support or action;

- Planning and priorities: The Children's Trust priorities and the Children's and Young People's Plan (CYPP) would be refreshed at a joint annual Awayday for the Board and Chairs of the LPs. The final CYPP would be approved by the Children's Trust Board in March each year, with the LP plans taking a similar format. These would be developed locally and approved by the Children's Trust Board by the end of May each year.

- Links with Local Area Committees (LACs): An elected Member would be invited to join each LP, to make the links to the Local Area Committee (LAC). The locality children's and young people's plan would be presented to the LAC each year.

- Budgets: The LPs would not have their own delegated budgets; however they would be able to request a small amount of funding if there was a need to achieve the objectives in their plans. Any funding requirement would be set out in LPs' plans and considered by the Children's Trust Board as part of the process for agreeing the plans. This would require either a small pooled budget to be created with contributions from Children's Trust member organisations, or requests would need to be considered by the Board on an individual basis and funding identified from existing budgets.

Discussions with the current LP Chairs has revealed that a number of recent meetings have been cancelled due to poor attendance and perceived overlap with other groups, including the Health and Wellbeing Partnerships and Anti-Social Behaviour partnerships. To re-launch the Partnerships successfully, it will be necessary to:

(i) Clarify the relationships between LPs and other local groups, in particular the Health and Wellbeing Partnerships. A meeting has been organised to discuss this on 8th September, following which an update will be given at the Board meeting;

(ii) Strengthen multi-agency ownership of the LPs and clarify/improve partners' attendance. Board members will be asked to take the agreed model for LPs back to their organisations, brief their staff teams and make sure that suitable representation is identified for each LP. A log will be kept of LP attendance, which will be presented to the Children's Trust Board regularly.

How have children and young people and their families been engaged, and what are their views?

The Derbyshire Youth Council has been involved and influenced the development of these proposals to ensure a strong voice for children and young people, through its representatives on the Children's Trust Board.

Background Papers

The proposed terms of reference for the Locality Partnerships are appended at Annex 1.

Officer Recommendation

It is recommended that:

(i) The Board agrees the proposals in this paper for the future organisation and role of LPs;

(ii) The Board approves the draft terms of reference which are appended;

(iii) The Board agrees what the LPs should be asked to prioritise for the remainder of this year (this might be mobilising local action to support the Future in Mind transformation plan and embed the self-harm guidance);

(iv) The Board decides whether a small pooled budget be created which LPs could draw upon, or whether any funding needs should be considered on an 'ad hoc' basis;

(v) All Board Members agree to make sure their staff teams are fully briefed on the new arrangements, and that suitable representation is identified for each Locality Partnership (as relevant);

(vi) All Board Members confirm to the Chair that this has been done, and who their local representatives will be, by the end of September;

(vii) That the October and November meetings of the Locality Partnerships discuss the new arrangements and refresh locality action plans.

APPENDIX 1

DERBYSHIRE CHILDREN'S TRUST
making life better for children

DRAFT TERMS OF REFERENCE: CHILDREN AND YOUNG PEOPLE'S LOCALITY PARTNERSHIPS

Role and function of the Locality Partnerships

Each locality in Derbyshire will have a Locality Partnership Group whose role and function will be:

- To implement the strategic intentions of the Children's Trust Board and Safeguarding Children Board and ensure children and young people remain safe and achieve their aspirations

- To identify local needs and priorities and draw up a locality action plan to improve outcomes, where it has been identified that local co-ordination of activity will add value, beyond what can be achieved through individual agencies' plans and processes.

- To implement the locality action plan with progress monitored at each meeting of the Locality Partnership and reported regularly to the Children's Trust Board (via the Core Business Group) and Safeguarding Children Board

- To promote effective, integrated multi-agency working, which puts the child and family at the centre and embeds the use of 'person-centred approaches'.

- To ensure that the Safeguarding Board and Children's and Young People's Trust Board priorities are well understood across the local children's workforce.

- To involve children, young people and their parents/carers in all aspects of the Partnership's work – including the development of local priorities. The Partnership will develop strong relationships with the local Youth Council Forum and put in place robust arrangements for young people's voices to be heard in all aspects of the Partnership's work

Safeguarding:

- To ensure local practitioners and managers have a clear understanding of safeguarding children procedures, policies and requirements

- To ensure that locality arrangements for safeguarding and promoting the welfare of children are effective, and to identify multi-agency action where there are local concerns with regard to safeguarding children issues

- To ensure that lessons from Serious Case Reviews and Learning Reviews are disseminated locally, and to undertake other work as requested on behalf of the Safeguarding Children Board

- To undertake audits of safeguarding issues as required by the Safeguarding Children Board.

- To co-operate with other Locality Partnerships and neighbouring local authorities to provide a consistent and effective safeguarding response to meeting the needs of children and young people.

- To promote opportunities for sharing learning and development across the locality –"Learning from Practice". Case studies of good practice or near misses, where the outcomes for a child or family are not satisfactory, will be presented regularly to the Locality Partnership for identification of action plans to improve practice.

- To promote information and awareness on safeguarding practice, procedures, policies and thresholds for intervention within the integrated workforce and local community.

Service improvement:

- To identify and promote innovative ways to deliver services locally that will improve outcomes for children, young people and their families and/or increase efficiency.

- To identify and report to the Children's and Young People's Trust Board and Safeguarding Board examples of good practice which have improved outcomes, and which could be adopted Countywide.

- To assist with the identification of training needs and requirements across the children's workforce in its locality.

- To encourage the development of local practitioner forums that will support the implementation of evidence based programmes and/or practice

Identification and Escalation of Emerging Issues:

- To identify emerging needs, issues or gaps which require a County-wide solution, and to escalate appropriately i.e:
    - Service delivery issues to be raised with the relevant agency first and if no solution reached with the appropriate service Commissioner(s).

- Emerging needs/gaps in services and issues with multi-agency working to be escalated to the Children's and Young People's Trust Board;
- Concerns in relation to safeguarding to be escalated to the Safeguarding Children Board;

Governance

Accountability will be to the Children's and Young People's Trust Board. However, it is expected that there will be robust communication and joint working between the Derbyshire Safeguarding Children Board and the Locality Partnerships.

Membership of Locality Partnership Groups:

Members of the group must be able to:

- have the ability to make decisions for their service area/organisation
- influence service delivery and outcomes for children and their families
- hold their own organisation to account for implementation
- disseminate information relating to their Locality Partnership across their organisation
- have capacity to undertake work on behalf of the Locality Partnership outside of the meeting structure of the group,
- identify a deputy who can attend consistently in their absence.

Agencies will need to ensure that nominated representatives have sufficient time to fulfil their role within the Partnership and where necessary, undertake work on behalf of the Partnership outside of the meeting structure of the group.

Chairing arrangements: Members of the Partnership will elect a Chair and a Vice Chair, who may be drawn from any agency or local organisation within the Partnership. The Chair and Vice-Chair will rotate between agencies every 2 years.

It will be the responsibility of each Agency to identify the relevant representatives for each Locality Partnership. Membership should reflect the agreed priorities in the Locality Action Plan, as well as the need for integrated service delivery. Core Membership will include (but will not necessarily be limited to):

- CAYA: Head of Service (Localities)
- Locality Manager – Health Visiting and School Nursing
- Police: Safer Neighbourhood team
- CAMHS Local Team Manager
- Youth Offending Services Service Manager
- District Council Officer (e.g. Housing Officer / Neighbourhood Team)
- Public Health Locality Lead
- Probation
- Voluntary sector organisations

- Elected Member (Local Area Committee)
- Education representatives (Primary/Secondary schools Headteachers and College/FE providers)
- Primary Care
- Named Nurse Safeguarding
- Named Nurse Looked After Children
- Midwifery
- Clinical commissioning groups
- Adult services
- Disability services
- School Improvement partner
- Performance and Information Officer

Task and finish groups can be established as part of the Locality Partnership to take forward specific developments. The Partnership is not required to create standing sub-groups.

Administration of Locality Partnership Groups:

Minutes of Partnership meetings will be taken and distributed to all members of the group.

Draft Locality Action Plans will be sent to Linda Dale, Head of Commissioning & Partnerships and Amanda Clarke, Safeguarding Board Manager, in April each year for agreement with the Children's Trust Board and Safeguarding Children Board.

Locality Action Planning and reporting arrangements:

Each Partnership will identify a manageable number of priorities to be the focus of the Locality Action Plan each year. These will be drawn from the key priorities identified by the Children's and Young People's Trust and Safeguarding Boards. The agreed local priorities should reflect the Partnership's assessment of where it most needs to improve performance within the locality and where a multi-agency partnership approach is necessary to drive forward progress.

Individual agencies within the Locality Partnership will be accountable for a wide range of priorities e.g. those set out in the CAYA service plan, CCG plans, Public Health plans (and so on) but the priorities for each individual agency do not need all need to be reflected in the Locality Action Plan.

The Chair of each Locality Partnership will attend both the Safeguarding Children Board and Children and Young People's Board Core Business Group at least once a year to discuss the implementation of the plan and specific issues within their locality. They will also attend an annual planning Awayday with members of the Children's Trust Board.

DERBYSHIRE CHILDREN & YOUNG PEOPLE'S TRUST BOARD

SEPTEMBER 10th 2015

SELF-HARM GUIDANCE

Purpose of the Report

The Children's Trust Board is invited to approve the Derbyshire self-harm guidance document

Overall Summary

The Derbyshire self-harm guidance is intended to be a reference guide for services and workforces who integrate and come face to face with universal groups of children. These staff groups may have not had any specific training or experience of supporting/ managing children who self harm or have thoughts about self-harming.

We envisage this will be useful for youth workers, MAT team workers, children's centre staff, school staff, school nurses, pastoral workers, GP's and staff in primary care settings. This user list is not exhaustive and we envisage the document will be available as a link via appropriate county wide websites as well accessible hard copy at bases.

We need to keep children safe and support these staff groups to understand the background to and the triggers for self harm. The guidance enables workers to know what to do and where to sign post when faced with young people and children who self harm.

Information and Analysis

A recent Derbyshire Healthwatch Survey (July 2015) highlighted the fact that there is increasing concern about self-harm in our young population. CAMHS report a sharp increase in around 10% in referrals. Self-harm features prominently in this increase.

In 2013-14 the rate of hospital admissions of 10-24 years olds in Derbyshire due to self-harm was 377.5 per 100,000, above the 2012-13 national average. Commissioners and providers are presently collaborating with young people and carers to complete a comprehensive transformation plan for children and

young people's mental health services. This guidance is referenced in the plan as part of a whole system approach to prevent, support and intervene early when children are suspected of self harming

How have children and young people and their families been engaged, and what are their views?

There is ongoing work with Derbyshire Youth Council who have highlighted the importance of mental health, referencing self-harm as a priority area for action and raising awareness. This guidance represents the views of a wide range of Derbyshire mental health professionals and partners including CAYA, Education, Public Health, CCGs, service users and carers.

Background Papers

The Self Harm guidance appended at Annex 1.

Officer Recommendation

That the Children's Trust Board approves the Self Harm Guidance.

That the Children's Trust Board agrees that the CAYA commissioning team establishes a small task group to develop detailed plans for launching and implementing the guidance, including training and reporting procedures.

That the CAYA Commissioning team prepares a report for the Children's Trust and Health and Wellbeing Boards on progress with implementing the guidance in 12 months' time.

Self-harm Practice Guidance Revised August 2015

Contents

[1] The term young people is used throughout because those affected are mainly teenagers and young adults but children under the age of 12 may also be affected

1. WHAT IS SELF-HARM?

NICE Clinical guidance[2] defines self-harm as 'self-poisoning or injury, irrespective of the apparent purpose of the act'.

Self-harm is an expression of personal distress, not an illness, and there are many varied reasons for a person to harm him or herself. Self-harm describes a wide range of behaviours that someone does to themselves, usually in a deliberate and private way, and without suicidal intent, resulting in non-fatal injury. In the majority of cases, self-harm remains a secretive behaviour that can go on for a long time without being discovered. Many children and young people may struggle to express their feelings and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them. Examples of self-harm behaviours are:

- self-cutting or scratching;
- burning or scalding oneself;
- head banging or hair pulling;
- over/under-medicating, e.g. misuse of insulin;
- punching/hitting/bruising;
- swallowing objects;
- self-poisoning - taking an overdose or ingesting toxic substances.

There are other behaviours that are related but which do not normally fall within the definition which include:

- self neglect – physical and emotional;
- reckless risk taking;
- staying in an abusive relationship;
- eating distress (anorexia and bulimia/eating disorders);
- substance misuse;
- risky sexual behaviour.

Common characteristics of self-harm behaviours

It may be:

- compulsive, ritualistic;
- episodic (every so often);
- repetitive (on a regular basis);
- sometimes occurs with depression and anxiety, but sometime occurs without;
- serves a purpose to the young person.

Common myths about self-harm

The most common myths about most young people who self-harm are that they:

- are manipulative;
- are attention-seeking;
- do it for pleasure;
- do it as a group a group activity;
- follow a 'Goth' sub-culture;
- have committed a failed suicide attempt;
- have a borderline personality disorder.

Self-harm and suicide

There is a strong association between self-harm and suicide, especially in males. Although relatively rare, suicide is in the top 3 causes of death for adolescents**.** While methods used for suicide are often different to those used for self-harm, self-harm by cutting is particularly associated with risk of suicide.

[2] NICE Guideline NICE clinical guideline 16 www.nice.org.uk/cg16 Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care

- Self-harm is the strongest clinical predictor of death by suicide and the behaviour causes great concern among family members, friends, teachers and clinicians.
- In general self-harm is a key factor associated with risk of eventual suicide especially in those who self-harm by cutting.
- Self-harm significantly increases the likelihood that the person will eventually die by suicide.
- The act that leads to suicide, however, may not be the same as that for previous self-harm.
- The death rate over the period 2006 – 2012 amongst 15-19 year olds per 100,000 population from suicide and undetermined death shows a small overall increase but almost a 15% rise amongst young men.
- Some young people who do not intend to kill themselves may do so because help does not arrive in time.
- Others may not realise the seriousness of their behaviour and the implications of, for example, other factors such as drugs or alcohol.

2. HOW MANY YOUNG PEOPLE ARE AFFECTED BY SELF-HARM/PREVALENCE?

Self-harm is common, especially among younger people.

- Approximately 1 in 10 young people report having engaged in self-harm.
- A survey of young people aged 15–16 years estimated that more than 10% of girls and more than 3% of boys had self-harmed in the previous year.
  - For all age groups, annual prevalence is approximately 0.5%.
- A wide range of psychiatric problems, such as borderline personality disorder, depression, bipolar disorder, schizophrenia, and disorders related to drug and alcohol use are associated with self-harm.

Studies use different definitions of self-harm and cover different age ranges. This makes it very difficult to understand how many young people are affected. However, it is reasonable to conclude that:

- self-harm becomes more common after the age of 16, but is still prevalent among teenagers and younger children from the age of 8;
- young women are up to 3 times more likely to self-harm than young men;
- rates amongst young Asian women can be even higher but other than this, there is no reported difference in prevalence between young people from different ethnic backgrounds

Self-Harm is often managed in secondary care – this includes hospital medical care and mental health services. However, most young people who self-harm do not present anywhere for treatment.

Proxy information

Young Minds estimates that amongst 11-19 year olds, the rate of self-harm is from 1:15 to 1:12.

- When applied to Derby and Derbyshire, the numbers of young people who self-harm would be within the range 7,196 - 8,995

The Association for Young People's Health Research Summary March 2013 suggests that 1 in 8 of these are likely to end up in hospital care.

- When applied Derby and Derbyshire, the numbers within the range 900 – 1124

3. WHY DO YOUNG PEOPLE SELF-HARM?

Causes

There are no specific causes of self-harm. It is not a clinical condition but a response by a young person under stress. It may be in relation to repeated or long standing stress, such as that arising from abuse or domestic violence, or a reaction to a single event such as bereavement. It may be the only way a young person has learned to cope with powerful emotions or it might be the method of choice – the one that works best for them.

Self-harm is primarily a coping mechanism, a means of releasing tension and managing strong feelings. Marginalised young people – those in custody, victims of abuse, or those affected by sexual exploitation, for example - are at greater risk. This is partly because they are more at risk of depression and anxiety and

also because they are less likely to have role models demonstrating effective, alternative coping strategies. They may also be more likely to know others who use self-harm themselves or attempt suicide, factors that have been identified as a risk in a number of studies.

Factors that motivate young people to self-harm include 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.

- Self-harming may express a powerful sense of despair that needs to be taken seriously.
- Such behaviours should not be dismissed as "attention-seeking"

Prevention

It can be difficult to identify young people at risk of self-harm even though they may seek help before they self-harm. This partly due to the secrecy and shame that tends to surround self-harm or impulsiveness that precipitates an act of self-harm, but also because there are no unique individual or behavioural characteristics to look out for.

Nevertheless, schools in particular are well placed to take action to address some of the issues known to be associated with self-harm such as bullying/cyber-bullying, child sexual exploitation, peer pressures and exam pressures.

- By being aware of students who display the characteristics associated with self-harm, being alert to changes in their demeanour and behaviour that suggest anxiety or low mood and to any specific incident that might trigger an act of self-harm
- Most importantly:
  - Remembering that young people seek out staff they are comfortable with, not just teachers or pastoral care staff
  - by being pro-active - showing concern and asking if there is a problem and taking seriously any expression of anxiety
  - recording and taking action upon any incident of self-harm within school or affecting a student
  - having good links with key services such as CAMHS, School Nursing and Multi-Agency Teams
- having policies and procedures that support these actions (See Appendix 1)

Similar approaches can be taken by other services who work with young people who are known to have additional vulnerabilities such as:

- out of school services/Pupil Referral Units and Support Centres;
- Multi-Agency Teams and youth services;
- children's and foster homes;
- aftercare services;
- Youth Offending Services;
- services for Young Carers;
- services for those who run away and those who are at risk of child sexual exploitation;
- services for those who have mental health problems

Effective action is likely to require a multi-agency approaches such as an Early Help Assessment and individual care plans can be used to mobilise help and support.

4. BECOMING SELF-HARM AWARE

Vulnerability and Risk Factors

There can be many factors within a young person, their immediate and wider social networks and their environment which might predispose him/her to a wide range of vulnerabilities and not just self-harm. Protective factors mitigate those vulnerabilities. (See Appendix 3)

Characteristics of young people who self-harm

Common characteristics of adolescents who self-harm are similar to the characteristics of those who commit suicide. Physical or sexual abuse may also be a factor. Recently there has been increasing

recognition of the importance of depression in non-fatal as well as fatal self-harm in young people. Substance misuse is also common, although the degree of risk of self-harm in young people attributable to alcohol or drug misuse is unclear. Knowing other who self-harm may be an important factor.

- As many as 30% of young people who self-harm report previous episodes, many of which have not come to the attention of professionals. At least 10% repeat self-harm during the following year.[3]

Common problems preceding self-harm

- difficulties or disputes with parents
- school or work problems
- difficulties with boyfriends or girlfriends
- disputes with siblings
- physical ill health
- difficulties or disputes with peers
- depression
- bullying
- low self-esteem
- sexual problems
- alcohol or drug misuse
- awareness of self-harm by friends
- child sexual exploitation

Factors associated with repeated self-harm

- previous self-harm
- personality disturbance
- depression
- alcohol or drug misuse
- chronic psycho-social problems and behaviour disturbance
- disturbed family relationships
- alcohol dependence in the family
- social isolation
- poor school record

Triggers to self-harm

Vulnerabilities increase the likelihood that a young person might self-harm, one or more additional factors, or "triggers", make this more likely to occur. These may include:

- Family relationship difficulties (the most common trigger for younger teenagers) ;
- Difficulties with peer relationships, e.g. break-up of relationship (the most common trigger for older adolescents) ;
- Bullying, especially homophobic or cyber-bullying/mobile phones ;
- Significant trauma e.g. bereavement, abuse ;
- Self-harm behaviour amongst the young person's peer group (contagion effect) ;
- Self-harm portrayed or reported in the media ;
- Difficult times of the year, e.g. anniversaries ;
- Trouble in school or with the police ;
- Feeling under pressure from families, school or peers to conform/achieve ;
- Exam pressure ;
- Times of unwelcome change, e.g. parental separation/divorce.

Warning signs to look out for

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:

[3] BMJ Volume 330 April 2005

- Changes in eating/sleeping habits ;
- Increased isolation from friends/family ;
- Changes in activity and mood, e.g. more aggressive than usual ;
- Lowering of academic grades ;
- Talking about self-harming or suicide/suicidal ideation ;
- Abusing drugs or alcohol ;
- Becoming socially withdrawn ;
- Expressing feelings of failure, uselessness or loss of hope ;
- Giving away possessions ;
- Risk taking behaviour (substance misuse, unprotected sexual acts).

5. What to do if a young person discloses that they have, or intend to, self-harm, express suicidal thoughts or you have concerns and need to approach them

Protective and supportive action the general approach to be taken

What matters for many young people is having someone to talk to who will take them seriously. A study in 2012 [4] found that most people want to be able to talk about self-harm and help young people but do not have the language/vocabulary to communicate effectively.

- Young people find it easier to seek help on line but feel they should go to GP, teachers etc.
- The response on line can be very varied ranging from help and advice to dismissal and ridicule that can increase the very feelings that trigger their self-harm.
- This lack of understanding/ambivalence about self-harm can increase the risk of escalation to suicide.

A supportive response is one that demonstrates respect and understanding together with a non-judgmental stance, are of prime importance together with a focus on the person, not what they have said or done.

Remember, most young people who self-harm:

- do not have mental health problems – they are under stress and have no other means of managing their emotions
- feel shame and stigma – it is not easy for them to talk about it

Do

- Depending upon the setting and circumstances, find somewhere private to talk with the young person
- Tell a colleague what you are doing
- Listen attentively - just being listened to can be a brilliant support and bring great relief to the young person, particularly if they have never previously spoken to anyone about their self-harming before
- Encourage them to talk about their feelings
- Do not ignore or dismiss the feelings or behaviour nor see it as attention-seeking or manipulative.
- Stay calm - it may be uncomfortable listening but try not to let your own emotional response prevent you from hearing what the young person is saying and what their body language is telling you
- If they have taken any substances or injured themselves
- Take all mention of self-harm or suicidal thoughts seriously – listen carefully and keep detailed notes
- Clarify whether or not there are immediate needs for medical attention especially with regard to cutting or possible overdose, or to keep the young person safe and respond accordingly
  - In the case of an over-dose of tablets, however small, advice must be obtained from medical practitioners (or Hospital Emergency Department).
- Provide first aid if necessary and always take medical advice if a possible overdose may have occurred.

Exploring what the problem is

[4] Talking Self-harm – Cello Group/ Young Minds Dec. 2012 http://www.cellogroup.com/pdfs/talking_self_harm.pdf)

- Having dealt with any immediate medical needs, explore with the young person what is going on in their life that has caused them to feel/behave like this - the feelings, thoughts and behaviours involved. This can help the young person to makes links between feelings and behaviours, begin to make sense of the self-harm and to think about other ways of coping.

Do

- Take time to really hear the young person - try to find out what is causing the distress/what risks the young person may be exposed to and who they trust and find supportive
- Find out what is troubling them/what they worried about something?
- How long have they felt like this?
- Are they at risk of harm from others?
- Explore how imminent or likely self-harm might be
- What other risk taking behaviour have they been involved in?
- Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
- Ask who else may be aware of their feelings – who they have the spoken to, what was the response
- Ask what help or support young person would wish to have
- What have they been doing that helps?
- What are they doing that stops the self-harming behaviour from getting worse?
- What can be done in school or at home to help them with this?
- How are they feeling generally at the moment?
- What needs to happen for them to feel better?

Try to find out about not only the risks and vulnerabilities but also about any particular strengths and protective factors. (See Appendix 3)

Simple things you can say:

Firstly, take stock of your own feeling and thoughts before asking any questions. If your feelings or thoughts about the young person's behaviour 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. For example:

  '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'

  'I don't think I am the best person to help you, I don't know enough about the things that are bothering you and what to do about it. How would you feel if I arrange for you to see…….I can be with you if you like.

Try not to:

- Panic or try quick solutions, eg : removing blades from those who cut this may increase the risk of self-harm.
- Dismiss what the young person says
- Believe that a young person who has threatened to harm themselves in the past will not carry it out in the future
- Disempower the young person
- Ignore or dismiss the feelings or behaviour
- See it as attention seeking or manipulative
- Trust appearances, as many children and young people learn to cover up their distress
- Ask them to promise you that they won't do it again.

6. ASSESSING THE RISKS

Part of building up a picture of what is happening in the young person's life is assessing the risk to which they are exposed and whether or not it includes anyone else This assessment of risk should be undertaken at the earliest stage and regularly updated – some elements will remain more or less constant, others will be situational and liable to change, sometimes very quickly. When assessing the risks of repetition of self-harm or risks of suicide, identify and agree with the young person who has self-harmed the specific risks for them, taking into account:

- methods and frequency of current and past self-harm;
- current and past suicidal intent;
- depressive symptoms and their relationship to self-harm ;
- any psychiatric illness and its relationship to self-harm ;
- the personal and social context and any other specific factors preceding self-harm, such as unpleasant affective states or emotions and changes in relationships ;
- specific risk factors and protective factors (social, psychological, pharmacological and motivational) that may increase or decrease the risks associated with self-harm ;
- coping strategies that the person has used to either successfully limit or avert self-harm or to contain the impact of personal, social or other factors preceding episodes of self-harm ;
- significant relationships that may either be supportive or represent a threat (such as abuse or neglect) and may lead to changes in the level of risk ;
- immediate and longer-term risks.

When assessing risk, also consider

- the possible presence of other co-existing risk-taking or destructive behaviours, such as engaging in unprotected sexual activity, exposure to unnecessary physical risks, drug misuse or engaging in harmful or hazardous drinking.
- asking the person who self-harms about whether they have access to family members', carers' or other people's medicines.

Do not keep it to yourself

With advice from your line manager or other colleague, form a view about the level of risk, whether or not there may be a mental health problem or other significant concern requiring an onward referral

Always talk through with the young person, the assessment of risks. If the young person is caring for a child or pregnant the welfare of the child or unborn baby should also be considered in the assessment**.**

Do not work alone

Explain to the young person that you cannot keep this information to yourself. Talk about the importance of sharing how they are feeling (and perhaps what they have done) re-assuring them that this information will not be misused or inappropriately shared. Explain that they will not get the support and understanding of others – teachers, school nurses, MAT or social workers, GP etc. – if those people do not know there is a problem.

- Try to work out together to identify who it is important to tell and who is the best person to provide advice and support

Discuss with the young person the importance of telling young person's parents/carers and explore any fears he or she may have about this. They will expect that information as important as this is shared with them.

- Wherever possible, such information sharing should be undertaken with the young person's agreement (see Section 10 - confidentiality and information sharing)
- Offer to be there for them

7. When hospital care is needed -National Institute for Clinical Excellence. [5] (*(NICE Guidance)*

When a young person requires hospital treatment in relation to physical self-harm, clinical practice should comply with NICE guidance.

- Triage, assessment and treatment for under 16's should take place in a separate area of the Emergency Department
- All children and young people should normally be admitted into a pediatric ward under the overall care of a pediatrician and assessed fully the following day with input from the Child and Adolescent Mental Health Service (CAMHS)
- Assessment should be undertaken by healthcare practitioners experienced in this field
- Assessment should follow the same principles as for adults who self-harm, but should also include a full assessment of the family, their social situation, family history and child protection issues
- Initial management should include advising carers of the need to remove all medications or other means of self-harm available to the child or young person who has self-harmed

Any child or young person who refuses admission should be reviewed by a senior Paediatrician in the Emergency Department and, if necessary, their management discussed with the on-call Child and Adolescent Psychiatrist.

8. FOLLOW UP

Having dealt with any immediate medical problem, make sure there is proper follow-up and provide a report using your agency's incident form.

- Seek advice and support for yourself from your line manager, safeguarding, CAMHS or other source
- Contact the young person's parents/carers, unless it places the young person at further risk (refer to Derby and Derbyshire Safeguarding Children Procedures [6]).
- Provide advice and written information on the nature of help harm and helplines and other sources of advice and support (See Appendix 7)
- Consider the need for:
  - an Early Help Assessment;
  - referral to CAMHS, school nurse, MAT team or social care;
  - notification to Safeguarding if there is evidence of risk of significant harm to the young person or anyone else;
  - advice from a Third Sector provider.
- Ensure information is shared on a "need to know" basis
- Ensure that there is a plan to provide help and support and that the young person understands it
- Follow the Safeguarding Board's and your agency's own procedures regarding confidentiality, recording and decision-making, including determining whether or not an early help assessment is needed
- Record what has happened and what needs to happen next, following your own agency's procedures
- Provide parent/carer with the carer/parent's fact sheet and help them to understand the self-harm so they can be supportive of the young person.

9. CONFIDENTIALITY AND INFORMATION SHARING

Young people will be concerned that they do not lose control of the issues they have disclosed. In particular, they will be concerned that sensitive and personal information is not shared without their agreement. Where it is shared, with or without their agreement, they will be concerned that it is properly safeguarded and not misused. This is often expressed as a request for confidentiality.

At the earliest, suitable time, there needs to be a discussion with the young person about who needs to know what and why. It needs to be explained in terms of:

[5] NICE quality standard [QS34] Published date: June 2013

[6] http://www.derbyshiresport.co.uk/Images/V2.0%20Derby%20and%20Derbyshire%20Safeguarding%20Children%20Procedures%20Fina_tcm22-1608.pdf

- seeking help from relevant agencies and professionals;
- ensuring those who need to know (such as teachers/pastoral care, GP's) can be understanding and supportive;
- parental expectations that information they need to have is not withheld from them – except where there are concerns about parenting, outcomes for young people are invariably better with parental engagement.

Where a young person is withholding their consent, professional judgement must be exercised to determine whether a child or young person in a particular situation is competent to consent, or to refuse consent, to sharing information.
Consideration should include the child's chronological age, mental and emotional maturity, intelligence, vulnerability and comprehension of the issues.

- A young person, especially if they are distressed and anxious, may not appreciate the seriousness of the risks they are taking and the harm that might occur and not be judged competent to make decisions at that point about who needs to be told what

The Fraser guidelines should be used to determine whether or not information should be shared without agreement in circumstances where:

- The situation is urgent and there is not time to seek consent;
- Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime.
- There is reason to believe that not sharing information is likely to result in serious harm to the young person or someone else or is likely to prejudice the prevention or detection of serious crime, and;
- The risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing, and;
- There is a pressing need to share the information.

Professionals should keep parents informed and involve them in the information sharing decision even if a child is competent or over 16. However, if a competent child wants to limit the information given to their parents or does not want them to know it at all, the child's wishes should be respected, unless the conditions for sharing without consent apply. Where a child is not competent, a parent with parental responsibility should give consent unless the circumstances for sharing without consent apply.

10. NEXT STEPS

Adopting a "team around" approach, consider convening a meeting to consider the need for an early help assessment at a mutually convenient time and place within the school environment or other setting where the young person feels comfortable. For further information visit the Safeguarding Board's Website [7]. Consider inviting representation from the school's pastoral care, multi-agency team, school nursing and consultation with CAMHS and other specialist services as appropriate

- Be clear about information sharing
- Encourage and support the young person to express their needs and what would be helpful
- Help the young person to:
  - build up self-esteem;
  - identify his or her own support network, e.g. using protective behaviours;
  - find a safer 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.
  - stay safe and reduce the risk of self-harm e.g.
    - washing implements used to cut ;
    - avoiding alcohol/other substances if it's likely to lead to self-injury ;
    - taking better care of injuries (the school nurse may be helpful here).

[7] http://derbyshirescbs.proceduresonline.com/chapters/p_prov_early_help.html#service_for_children

- Provide information about advice on support agencies, including websites and advice on which are safe and recommended and which are not.
- In line with your agency's procedures, ensure full recording of all meeting, contacts with the young person, concerns and actions taken in response. Ensure meetings are recorded, agreed actions circulated and review dates adhered to.

Working with friends and peers

These can often be the first to recognise the signs and symptoms of self-harm amongst their group.

- 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.
- They also need to know that they can seek advice without disclosing the identity of the young person in question – should a serious risk requiring such a disclosure arise, it can be addressed as necessary
- Peers can play an important part protecting a young person from harm

Occasionally concerns may arise in relation to self-harming behaviours occurring within a group context

Self-harm and group contexts – schools and children's homes in particular

Settings which work with young people in groups, especially schools, need to be alert to the possibility that peers/close contacts of a young person who is self-harming may also behave in a similar way. Occasionally, schools discover that a number of students in the same peer group are harming themselves. Children's homes in particular may find that they have more than one young person presenting self-harm behaviours. Some young people, for example, 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.

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 in staff and in other young people. Pro-active steps such as using PHSE in schools to engage young people in dialogue about the stresses and pressures that some young people seek to manage through self-harm is an effective way of encouraging young people (and their peers) to seek early help and of building resilience. Similarly, within children's homes self-harm as part of a wider programme of education/prevention sessions led by specialist workers and named nurses serve a similar purpose.

- Each young person will have individual reasons for self-harming which should be assessed individually leading to an individual action plan - professionals must not assume that all the young people involved have the same needs and respond in the same way
- There may be evidence that group dynamics/pressures are an additional factor in determining/ maintaining the behaviours - social media and electronic communications will need to be considered as part of overall picture including young people accessing websites supporting self-harm.
- Where there is any evidence suggesting that the self-harm is wholly or in part "group behaviour", the advice of both safeguarding and CAMHS needs to inform an action plan
- It may be helpful to convene a meeting discuss the matter openly within the group of young people involved. In general, however, it is not advisable to offer regular group support for young people who self-harm.

11. WORKING WITH YOUNG PEOPLE WHO SELF-HARM

Understanding what maintains self-harm behaviours?

Self-harm behaviour in young people can be transient and triggered by particular stresses that are resolved fairly quickly. Others, however, develop a longer-term pattern of behaviour that is associated with more serious emotional/mental health difficulties.

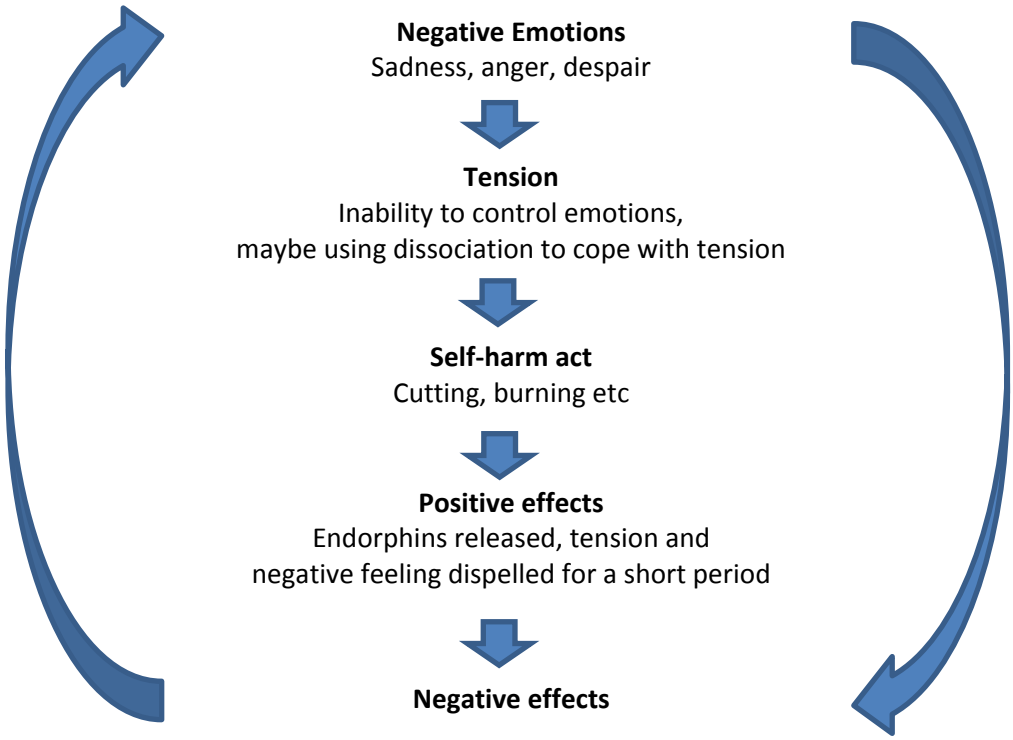
The more underlying risk factors that are present, the greater the risk of further self-harm. Once self-harm, particularly cutting behaviours, are established, it may be difficult to stop. Self-harm can have a number of purposes for young people and it becomes a way of coping, for example:

- by reducing in tension (safety valve) ;
- a distraction from problems ;
- a 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 ;
- shame and guilt over self-harm act;

The cycle of self-harming/cutting

When a person inflicts pain upon him- or herself, the body responds by producing endorphins, (which are similar to the drugs opium and heroin) a natural pain-reliever that gives temporary relief or a feeling of peace. These chemicals are released when a person feels in danger, experiences fear and particularly when the body is injured in any way.

They produce insensitivity to pain that will help the individual survive when having to deal with danger. 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.



Coping Strategies

Replacing the cutting or other self-harm with safer activities (Distraction Strategies) 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.
Successful distraction techniques include:

- Using a creative outlet e.g. writing poetry & songs, drawing, collage or artwork and talking about feelings ;
- Using stress-management techniques, such as relaxation ;
- Having a bath ;
- Reading a book;
- Looking after an animal ;
- Writing a diary or journal;
- Writing negative feelings on a piece of paper and then ripping it up;
- Talking to a friend (not necessarily about self-harm);
- Going online and looking at self-help websites or ringing a helpline;
- Using a red water-soluble felt tip pen to mark instead of cut; *(the butterfly project)*
- Scribbling on a large piece of paper with a red crayon or pen;
- Hitting a punch bag to vent anger and frustration;
- Rubbing ice instead of cutting;
- Putting elastic bands on wrists and flicking them instead of cutting;
- Getting out of the house and going to a public place, e.g. A cinema ;
- Going into a field and screaming ;
- Physical exercise or going for a walk/run;
- Listening to loud music ;
- Making lots of noise, either with a musical instrument or just banging on pots and pans;

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-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 developing social skills will also assist.

- My Safety Net – see Appendix 3 – provides a simple format to help a young person explore and record what alternative coping strategies they might be able to use

These strategies should always be used alongside addressing the underlying reasons for the behaviour

CAMHS and Clinical interventions

It is now evident that adolescent self-harm is an important indicator of future mental health status in young adulthood. Adolescents who report self-harming behaviour (regardless of whether or not they report suicidal intent) should be carefully followed-up to assess their need for support and treatment. Interventions should not only focus on reducing self-harm, but should also treat the anxiety, depression and substance use problems that may accompany self-harming behaviour.

All young people who have self-harmed in a potentially serious way should be assessed in hospital by a CAMHS specialist. This is necessary for the management of medical issues and to ensure young people receives a thorough psycho-social assessment.

A small number of young people will be at high risk of developing a serious and persistent pattern of repeat/high risk self-harm behaviours which may be linked to co-morbid mental health conditions. These are a priority group within specialist CAMHS services. The evidence base on interventions for self-harm is not very conclusive, but it seems likely that interventions based on a problem-solving approach such as

Cognitive Behavioural Therapy or Dialectic Behaviour Therapy (DBT) or which teach new methods of coping and that offer brief but swift response to crisis, will prove helpful. Recent research is reporting that an approach based on "care bundles which groups together interventions that are more effective if given together than alone can be very effective.

- The problem solving approach can also be extended to involve the whole family. Pharmacological interventions for this age group are generally discouraged. Ensuring young people know where to go for quick access to help if they require support or are hurt is very important.
- A crisis intervention model is often most appropriate. Compliance, however, can be a problem because the self-harm may have a positive effect by providing temporary relief from a difficult situation. Also take-up of treatments depends largely on parental background and attitudes.
- Group work can also help some young people.

- Pharmacological interventions for this age group are generally discouraged. Also ensuring young people know where to go for quick access to help if they are hurt is very important.
- Adolescents who report self-harming behaviour (regardless of whether or not they report suicidal intent) should be carefully followed-up to assess their need for support and treatment. Interventions should not only focus on reducing self-harm, but should also treat the anxiety, depression and substance use problems that may accompany self-harming behaviour.

12. SUPPORT FOR PRACTITIONERS

The needs of practitioners

Practitioners 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 share the impact that self-harm has on them personally and receive help and support. Colleagues need to be open to the possibility that having to deal with self-harm in a young person for whom they have a duty of care may require a member of staff to confront issues within their own lives, past or present, or that relate to someone close to them.

- It is important that any plan to address a young person's self-harm needs is clear about the expectations of individual staff/practitioners – failing to set limits on the roles of individuals can leave them feeling too responsible for too long
- Staff in some settings such as children's homes will have more intensive and enduring responsibilities and may need additional training and access to consultation to support them in their role

The responsibility of managers and supervisors

Managers/supervisors are responsible for creating a workplace environment where these sensitive issues such as self-harm can be discussed within an atmosphere of openness, mutual trust/respect and reciprocal support and sensitivity. They are also responsible for facilitating access to training on self-harm and encouraging take up. In house training – for example INSET days in schools – provide an excellent vehicle for training the network of staff who need to work together and CAMHS and other services will always aim to respond positively to any such request. An important aspect of prevention of self-harm is having a supportive environment in the school that is focussed on building self-esteem and encouraging healthy peer relationships.

Other related issues that can form part of a wider programme will include, anti-bullying, internet safety . child sexual exploitation and substance misuse. Those who have the care of young people on a day or full time basis have additional responsibilities to build resilience:

- in the young people themselves so they can cope with the ups and downs that they will have to cope with
- in the staff who are the adults young people are most likely to turn to for help so they are better equipped to respond positively
- in the agency/organisation through policies and procedures that promote safe and effective practices
- They also need to be alert to the possibility of self-harm – a young person may conceal injuries such as cuts or present for first aid because they cannot verbalise their need for help.

A checklist of some of the procedures and practices can help in the management and prevention of self-harm can be found at Appendix 1

Appendix 1 Example of a check list for schools for self-harm procedures & practices

Checklist for schools: supporting the development of effective practice

School ethos

- The school has a culture that encourages young people to talk and adults to listen and believe
- It utilises PHSE to help build resilience in its students
- It is working towards implementation of "Mental health and behaviour in schools - Departmental advice for school staff DfE June 2014
- It works closely with MAT's, the school nursing service, CAMHS and others to identify and respond to the needs of vulnerable students
- The school has a policy or protocol approved by the Governors on supporting students who are self-harming or at risk of self-harming.

Training

- All new members of staff receive an induction on child protection procedures and setting boundaries around confidentiality including awareness of self-harm
- All members of staff receive regular training on child protection procedures.
- Administrative and ancillary staff also receive awareness training commensurate with their roles and responsibilities
- Staff members with pastoral roles (head of year, child protection co-ordinator, SENCO etc.) have access to additional training in identifying and supporting students who self-harm.

Communication

- The school has systems that ensure good communication about students requiring additional help and support, both within the school and other agencies
- All members of staff know to whom they can go if they discover a young person who is self-harming.
- Senior staff ensure that non-teaching members of staff are included in communications about vulnerable students at a level appropriate with their roles and contact with students
- Time is made available to listen to and support the concerns of staff members on a regular basis.

Support for staff / students

- School members know the different agency members who visit the school, e.g. school counsellors, MAT workers, school nurses etc.
- There are guidelines for male members of staff setting out expectations with regard to their interaction with female students
- Staff members know how to access support for themselves and students.
- Students know to whom they can go for help.

Version of Policy		Date		Due for review	

Appendix 2 Specimen incident form to be used when a young person self-harms

School / College		Date of Report					
Young person's name		Age		Gender		Year	
Special needs							
Staff member		Designation					
Date of incident		Time of incident					
Details of incident							
Action taken by school personnel							
Decision made with respect to contacting parents and reasons for decision							
Follow-up action required							
Signature		Designation					

Cc's.	**Parents**		**School Health**		**G.P.**		**Informing Multi Agency Meetings**	

Appendix 3 My Safety Net

There are different categories or 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
- helplines 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

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Appendix 4 Fact sheet on self-harm for parent/carers

As a parent/carer, you may feel angry, shocked, guilty and upset. These reactions are normal, but what that young person you care about really needs is support from you. That young person needs you to stay calm and to listen to them cope with very difficult feelings that build up and cannot be expressed. They need 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, self strangulation, running in front of a car or 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?
Some people who self-harm have a desire to kill themselves. However, there are many other 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. Even if the young person does not intend to commit suicide, 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, breakup of a relationship, failure in exams and bullying at school. 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 them find different ways of coping
- Go with them to get the right kind of help as quickly as possible. Some people you can contact for help, advice and support are:
- Speak to your family doctor , School health nurse , Health visitor

Appendix 5 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 feelings 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 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 escaping from these difficult feelings. It can also be a way of that 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 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, brother / sister or another trusted family member

In school: school 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 Child & Mental Health Services Support

Help Lines:

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 friend's safety you should tell an 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.
- 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 6 National Advice & Help Lines and Useful Publications

Beat – Beating Eating Disorders
Beat provides helplines, online support and a network of UK-wide self-help groups to help adults and young people in the UK beat their eating disorders
http://www.b-eat.co.uk/
Youthline 0845 634 7650 (Monday to Friday evenings from 4.30pm to 8.30pm and Saturdays 1.00pm - 4.30pm)

- Email fyp@b-eat.co.uk
- Online community

Careline
Confidential telephone counselling for people of any age on any issue
020 8514 1177 Mon to Fri 10am – 4pm, 7pm – 10pm

Childline
Childline is the UK's free helpline for children and young people. It provides 24hrs helpline for children and young people under 18 providing confidential counselling
Freephone 0800 1111 (24 hours)
www.childline.org.uk | online chat | message boards

Children's Legal Centre
The Children's Legal Centre is a charity that promotes children's rights and gives legal advice and representation to children and young people

- Child Law Advice Line 08088 020 008 (freephone)
- www.lawstuff.org.uk

Derbyshire Friend
Help, advice and support for lesbian, gay, bisexual and transgender people
Telephone: 01332 207704
Email: info@gayderbyshire.org.uk
http://www.gayderbyshire.org.uk/

FRANK
Confidential information and advice for anyone concerned about their own or someone else's drug or solvent misuse.

- Freephone 0800 77 66 00 (24 hour service, free if call from a landline and won't show up on the phone bill, provides translation for non-English speakers)
- www.talktofrank.com

Get Connected
Free, confidential telephone and email helpline finding young people the best help whatever the problem. Provides free connections to local or national services, and can text information to callers' mobile phones.

- Freephone 0808 808 4994 (7 days a week 1pm-11pm)
- www.getconnected.org.uk

Harmless
Self-harm Support at Harmless providing a range of services about self-harm including support, information, training and consultancy to people who self-harm
http://www.harmless.org.uk/

HeadMeds
Straight talk on mental health medication. Look up your medication to find out about side effects and things you might not feel comfortable asking your GP about, and listen to other people's experiences.

http://www.headmeds.org.uk/

Hearing Voices Network
Information and support for people who hear voices and those who support them
Email: nhvn@hotmail.co.uk | Phone: 0114 271 8210
http://www.hearing-voices.org/

HOPELineUK
HOPELineUK is a specialist telephone service staffed by trained professionals who give non-judgemental support, practical advice and information to:
The Hope Line: 1-800-394-4673
Considering Suicide? 1-800-273-8255

Karma Nirvana
Supporting victims of honour crimes and forced marriages
Helpline 0800 5999247
http://www.karmanirvana.org.uk/

LifeSIGNS
Self-injury guidance and Network Support
http://www.lifesigns.org.uk/

MIND Info Line
tel. 0845 766 0163 (self-help books also available)

National Self-Harm Network
On-line support for people who self-harm, provides free information pack to service users.
http://www.nshn.co.uk/

NSPCC Helpline: 0808 800 5000
http://www.nspcc.org.uk/

PAPYRUS Prevention of Young Suicide
Offers a helpline to give support, practical advice and information to anyone who is concerned that a young person may be suicidal
https://www.papyrus-uk.org/#
0800 068 41 41 Mon-Fri: 10am-10pm, weekends & bank holidays: 2pm-5pm
SMS: 07786 209697
Email: pat@papyrus-uk.org

Parentline
Free, confidential online and telephone support, including information and advice, to any adult worried about the emotional problems, behaviour or mental health of a child or young person up to the age of 25.
Monday to Friday 9.30am-4pm on 0808 802 5544 (free for mobiles and landlines).
http://www.youngminds.org.uk/for_parents/parent_helpline?gclid=CJa2xNW0-sMCFSMOwwodtGIAvQ

Relate Safe Speak
Counselling and support for young people dealing with issues that are triggering self-harm. Relate also offers family counselling.
www.safespeak.org.uk
Bookings: 01332 331259 / 0800 093 5264 or email info@safespeak.org.uk

RU-OK.com

Self help for young people
http://www.ru-ok.org.uk/

Samaritans
Confidential emotional support for anybody in crisis. Samaritans volunteers listen in confidence to anyone in any type of emotional distress, without judging or telling people what to do.
08457 90 90 90 (24 hrs 7 days a week)
www.samaritans.org.uk

The Site
The Site is an online 24/7 guide to life for 16 to 25 year-olds. It provides non-judgemental support and information on everything from sex and exam stress to debt and drugs. Online advise, forums apps and tools
http://www.thesite.org/

Young Minds
Information on a range of subjects relevant to young people.
tel. 020 7336 8445
enquiries@youngminds.org.uk
For young people
http://www.youngminds.org.uk/for_children_young_people

Youth Access
A national membership organisation for youth information, advice and counselling agencies. Provides information on youth agencies to children aged 11-25 and their carers but does not provide direct advice.

- Visit www.youthaccess.org.uk to search their directory of services for help in your area.
- Signposting service: 0208 772 9900 (Mon – Fri from 9am-1pm & 2-5pm)

The butterfly project
www.butterfly-project.tumblr.com/
An anonymously run blog supporting young people with coping techniques which include drawing butterflies around cut marks.

Child Sexual Exploitation (Information for Professionals)
www.derbyshirescb.org.uk/prof_cse.html

Useful Publications

Adolescent self-harm AYPH Research Summary No 13, March 2013
Ann Hagell, Association for Young People's Health
http://www.ayph.org.uk/publications/316_RU13%20Self-harm%20summary.pdf

Adolescent Mental Health AYPH Research Update No 16, February 2014 (Summary version) Ann Hagell Association for Young People's Health
http://www.ayph.org.uk/publications/533_Mental%20health%20RU%20Feb%202014%20public.pdf

Factsheet: Key facts and trends in mental health 2014 update
The NHS Confederation's Mental Health Network
http://www.nhsconfed.org/Publications/Factsheets/Pages/facts-trends-mental-health-2014.aspx

Managing self-harm in young people – Royal College of Psychiatrists College report CR192 June 2014
http://www.rcpsych.ac.uk/files/pdfversion/CR192.pdf

On the edge ChildLine spotlight: suicide Childline/NSPCC 2013
https://www.nspcc.org.uk/globalassets/documents/research-reports/on-the-edge-childline-suicide-report.pdf

Resilience and Results how to improve the emotional wellbeing of children and young people in your school – Children and young people's mental health coalition
http://www.cypmhc.org.uk/media/common/uploads/Resilience_and_Results.pdf

Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care NICE Guidance CG 16 2004 static
https://www.nice.org.uk/guidance/cg16/informationforpublic

Self-harm: longer-term management NICE Guidance CG 133 2011
http://www.nice.org.uk/guidance/CG133

Self-harm in Children and Young People – Handbook National CAMHS Support Service workforce programme March 2011
http://www.chimat.org.uk/resource/item.aspx?RID=105602

Tackling Stigma – a practical toolkit National CAMHS Support Service workforce programme March 2011
http://www.chimat.org.uk/tacklingstigma

Talking Self-harm – Cello Group/ Young Minds Dec 2012
http://www.cellogroup.com/pdfs/talking_self_harm.pdf

Truth Hurts - Report of the National Inquiry into self-harm among Young People Mental Health Foundation
http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-mental-health/mentalhealthfoundation/truth06.aspx

Young Minds Handout –
Resilience https://www.youngminds.org.uk/assets/0000/1399/Resilience_handout.pdf

Young Minds Handout – Risk
https://www.youngminds.org.uk/assets/0000/1383/Risk_factors_handout_Looked_After_Toolkit.pdf

Research articles:

Repetition of self-harm and suicide following self-harm in children and adolescents: findings from the Multicentre Study of Self-harm in England: Keith Hawton, Helen Bergen, Navneet Kapur, Jayne Cooper, Sarah Steeg, Jennifer Ness, and Keith Waters, Centre for Suicide Research, University of Oxford, Oxford, UK; Centre for Suicide Prevention, University of Manchester, Manchester, UK; Derbyshire Healthcare NHS Foundation Trust, Derby, UK
http://www.antoniocasella.eu/salute/Suicide_Australia_2012.pdf#page=37

Epidemiology and nature of self-harm in children and adolescents: findings from the multicentre study of self-harm in England: Keith Hawton, Helen Bergen, Keith Waters, Jennifer Ness, Jayne Cooper,Sarah Steeg & Navneet Kapur, European Child & Adolescent Psychiatry ISSN 1018-8827, Eur Child Adolesc Psychiatry
DOI 10.1007/s00787-012-0269-6
http://www.psych.ox.ac.uk/publications/320422

Self-harm in young people: Ellen Townsend Self-Harm Research Group, School of psychology, University of Nottingham, University Park, Nottingham NG7 2RD, UK; Ellen.Townsend@nottingham.ac.uk published in clinical review *Evid Based Mental Health* 2014 17: 97-99 originally published online August 11, 2014
http://ebmh.bmj.com/content/17/4/97.full.pdf+html

Self-harm in young adolescents (12–16 years): onset and short-term continuation in a community sample Paul Stallard, Melissa Spears, Alan A Montgomery, Rhiannon Phillips and Kapil Sayal
http://www.biomedcentral.com/1471-244X/13/328

Derbyshire safeguarding children board threshold document
This document supports anyone who has a concern for a child explaining thresholds for early help services and LA children's social care.
http://derbyshirescbs.proceduresonline.com/pdfs/thresholds.pdf

Appendix 7 Risk and Protective factors

Family Protective Factors	
Child	**Parents**
• 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 to lose friends	• 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 child • Provide accurate feedback to the child • Uses firm but loving boundaries • Believes in and practice a 'higher purpose'

Family Risk Factors	
Child	**Parents**
• 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	• 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 with drug or alcohol problems • Parental mental health problems

Environmental Protective Factors	
School	**Housing and Community**
• Caring Ethos • Students treated as individuals • Warm relationships between staff and children • Close relationships between parents and social • Good PHSE • Effectively written and implemented behaviour, anti-bullying, pastoral policies • Accurate assessment of special needs with appropriate provision	• 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

Environmental Risk Factors	
School	**Housing and Community**
• 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 • Low emphasis on PHSEE • Unclear or inconsistent policies and practice for behaviour, bullying and pastoral care • Ignoring or rejecting special needs • Fear of failure •	• 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

Appendix 8 Multi agency self-harm pathway /information for practitioners

Children and Young People self-harm guidance

Do's and don'ts

- **Confidentiality –** advise the young person that depending on the risks and their understanding of them you may need to pass on information to their parents/carers, your manager, CAMHS – don't surprise them with this
- **Listen -** just being listened to can be a brilliant support and bring great relief to the young person, particularly if they have never spoken to anyone about their self-harming before. The fact they have chosen you means they feel comfortable speaking to you. Don't be seen to 'pass them on'
- **Take them seriously –** do not ignore or dismiss the feelings or behaviour nor see it as attention-seeking or manipulative. Do not be judgmental. Do not disempower the young person. Most people who self-harm are not suicidal, but people who self-harm are more likely to intentionally are accidentally complete suicide.
- **Stay calm -** it may be uncomfortable listening but try not to let your own emotional response prevent you from hearing what the young person is saying and what their body language is telling you. Talking about self-harm and suicide does not increase the risks!!!
- **Clarify** whether or not there are immediate needs for medical attention or to keep the young person safe and respond accordingly.
- **Do not act in haste –** give them time to try to find out what is causing the distress and what will be of help, taking away a method such as blades sometimes can put the young person at greater risk of harm as if they have not developed alternative coping strategies they may try riskier means of self-harm – get advice from your manager or CAMHS
- **Do not keep it to yourself –** with advice from your line manager or other colleague form a view about the level of risk, whether or not there may be a mental health problem or other significant concern requiring an onward referral
- **Follow the Safeguarding Board's and your agency's own procedures** regarding confidentiality, recording and decision-making, including determining whether or not an early help assessment is needed
- **Make sure you are available for the young person for the following few days/weeks – if you are not available make sure they know where to seek support from**
- **Seek advice and support for yourself from your line manager and/or CAMHS**
- **Complete your agency's incident report form**

In order to try to help you see how urgent the situation is try and find out:

- Who else knows about it?
- How is the young person self-harming (ie cutting, overdosing, burning, ligaturing)?
- Where on the body is the self-harm?
- Have they self-harmed previously? If so what happened (ie did they require medical attention)?
- Are they, or have they been open to mental health services?
- Are they planning on doing it again soon?
- Do they feel hopeless or helpless about the future? Do they have anything to look forward to?
- Are they feeling like they no longer want to be alive? Do they have a plan in place to end their life?

Decision making guidance

Remember: No two people self-harming are the same. Every one self-harms for different reasons and with different intent. Most people who self-harm are not suicidal or a risk to other people. Every episode of self-harm should be treated individually.

If you come into contact with someone you know is, or believe to be self-harming…

Take advice from your manager and adopt a Team Around the Child Approach if:

- They do not appear distressed
- They are cooperative, communicative and making good eye contact
- Have a supportive non judgmental social network
- They are talking positively about the future and have things they are looking forward to
- There was no suicidal intent behind the act of self-harm

Get advice from a GP/111 if:

- If you are in doubt about physical health needs as a result of self-harm

Get advice from CAMHS if:

- You believe the child/young person was attempting to complete suicide
- The child or young person thought the act of self-harm would result in serious injury
- There has been escalation in method from previous self-harm – ie cutting on a forearm has moved to cutting near arteries

- You believe a child or young person has a plan in place to end their life and there is a possibility they could act on this

Take to A&E or call an ambulance if:

- It is reported to you, or you have observed a child overdosing or ligaturing
- You believe the child/young person requires medical attention due to uncontrollable bleeding
- You believe there is a possible risk to life as a result of self-harm
- You believe a child or young person has a plan in place to end their life and there is a likelihood they will act on this

Call the police if:

- You think a child or young person is at imminent risk of suicide

If ever you are in doubt you have a duty to safeguard the young person and CAMHS are there to give you support and advice. This does not mean they will assess every young person face to face, but will support you in decision making where required.

IMPORTANT CONTACTS

Own agency safeguarding representative		**School Nurse (contactable through School/College)**	
Derbyshire Safeguarding/Social Care via Call Derbyshire	**Daytime 01629 533190**	**South County CAMHS:**	**01332 623726**
	Out of hours 01629 532600	**North County CAMHS**	**01246 514412**
Derby City Safeguarding/Social Care Via First Contact/Careline	**Daytime 01332 641172**	**Tameside & Glossop CAMHS**	**0161 716 3600**
	Out of hours 01332 786968	**Childline**	**0800 1111**

Appendix 9 Derbyshire safeguarding children board threshold document

Derbyshire Safeguarding Children Board

Safeguarding Children Everybody's Business

Integrating Children and Young People's Services
Building for a brighter future

Derby Safeguarding Children Board

Derby City and Derbyshire Thresholds Document

1. Introduction

This document has been developed and published by Derby and Derbyshire Safeguarding Children Boards' in response to the requirements of Working Together to Safeguarding Children 2013. It replaces all previously published threshold documents.

Children, young people and their families will have different levels of needs and these may change over time. The majority of children and young people have low level needs that can be supported through a range of universal services. These services include education, early years, health, housing, youth services, leisure facilities and services provided by community organisations.

Some children may have additional emerging needs that can be co-ordinated through an early help assessment. Other children have more complex needs and may require access to specialist services, such as local authority (LA) children's social care, to support them.

2. Who is this document for?

- Anyone who has a concern for a child to explain thresholds for early help services and LA children's social care.
- Practitioners who are in contact with children and families, and have a concern about a child or young person and want to know how they can get help.
- Service providers; in describing how thresholds should be applied to referrals they receive and therefore promote greater consistency between agencies.

All practitioners have shared responsibility in delivering timely, effective and seamless services to ensure that children's welfare is promoted and that they are protected from harm. It is important that children and their families receive the right help at the right time. When a child and their family require help from a range of services their experience should allow for smooth transitions in the child's journey through services.

3. Referral pathways and services

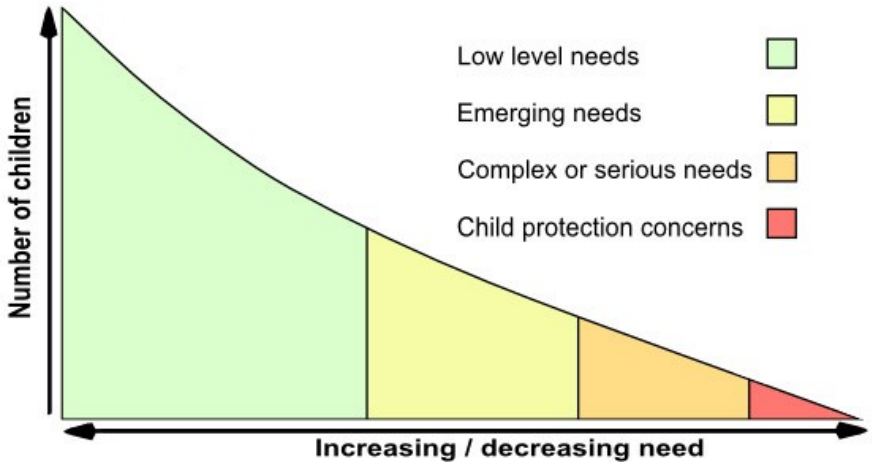
Referrals to services regarding concerns about a child typically fall into four levels:

1. **Low level needs** where need is relatively low and where individual services and universal services may be able to address the child's needs without the involvement of other services. (section 5)
2. **Emerging needs** where a range of early help services may be required, co-ordinated through an early help assessment (previously known as CAF) where

there are concerns for a child's well-being or a child's needs are not clear, not known or not being met. (section 6)

3. **Complex or serious needs** where without intervention the child would become at risk of significant harm or the needs are such that without intervention the child's health or development would be seriously impaired. Help is provided as a "child in need" under Section 17 of the Children Act 1989 via a specialist in-depth assessment and following this at least initial co-ordination of services via a social worker. (section 7)
4. **Child protection concerns** where there is reasonable cause to suspect a child is suffering or likely to suffer significant harm because of abuse or neglect. Under Section 47 of the Children Act 1989 local authority children's social care must make enquiries and decide if any action must be taken to protect the child. (section 8)

Diagram representing the range of children and young people's needs across Derby and Derbyshire:



Work with families should always be underpinned by principles of working in partnership. Consent must be sought from parents / carers / young people to share information, unless there is a specific risk of harm to a child and / or sharing the information with the parents would place the child at further risk.

When a child has needs appropriate services should be provided to meet them. These should be at the lowest threshold level applicable to the level of the child's needs.

4. How to decide whether to request support or make a referral

It is important to be clear about the purpose and intended outcome of the request or referral. It is helpful to consider:

- What is life like for this child and their family? What are the child's wishes and feelings?
- What are the parents/carers understanding of the situation and to what extent have they engaged with services?
- What are the child's and family's strengths? Could these be utilised?
- How serious are the needs and the concerns, are they new concerns or have they been present for sometime, how urgent are they? What is the impact, or potential impact, on the child?
- What support and interventions have been offered previously? Did these make a difference? If not, why not?
- What support and interventions can your agency offer this child and family? Could this address the needs or is support required from another agency? What support is

needed and how will this address the needs?

If you have non urgent concerns it can be very useful to consult with other practitioners in the child's network as this can support decision making.

Practitioners working with Derby families where there is an unborn baby should also refer to the Derby City Multi Agency Protocol for Pre Birth Assessment and Interventions. This is located on the local safeguarding procedures and guidance page on www.derbyscb.org.uk.

The thresholds indicators table in Appendix A gives an indication of thresholds through examples and has been developed to help practitioners in their decision making. It is not a definitive list; professional judgement should always be applied when deciding the level of intervention and where to refer.

When a practitioner is not sure about the level of needs and concern they should speak to their manager, named professional or agency lead for child protection. Alternatively, a practitioner can speak with a social worker by contacting:

- Derbyshire: Call Derbyshire Tel 0845 605 8058
- Derby: First Contact Team Tel 01332 641 172

Practitioners in all agencies have a responsibility to refer a child to LA children's social care when it is believed or suspected that the child:

- has suffered significant harm; or
- is likely to suffer significant harm.

They should refer to their local safeguarding process and / or the DSCB safeguarding children procedures as necessary.

All agencies use thresholds to consider whether a request for support will be accepted, whether an assessment will be undertaken, and what services will be offered or provided. Consultation with partner agencies involved with the family are also a key part of this process.

Once a request is accepted, agencies will carry out an assessment to identify the child's level of need, strengths and risks. Services to be offered and any plan will be dependant on this assessment.

When a request doesn't meet the agency threshold, the agency will provide the practitioner making the request with information on more suitable resources and, where appropriate, pass the request to other services.

5. Low level needs (level 1)

Where need is relatively low, individual services and universal services may be able to meet these needs, take swift action and prevent those needs escalating. The Pre- Assessment Checklist helps practitioners identify and document low level needs or identify when an early help assessment may be needed and the action to be taken.

6. Emerging needs (level 2)

Emerging needs are when there are concerns about a child's well-being or when a child's needs are not clear, not known or not being met and a range of early help services are

required. An early help assessment (previously know as CAF) should be commenced to identify a child's needs and strengths, and any appropriate services.

Practitioners should be alert to the potential need for an early help assessment for a child who:

- is disabled and has specific additional needs;
- has special educational needs;
- is a young carer;
- is showing signs of engaging in anti-social or criminal behaviour;
- is in a family circumstance presenting challenges for the child, such as substance misuse, adult mental health, domestic abuse; and/or
- is showing early signs of neglect.

Completing an early help assessment can also serve as a standardised request for support to other services, and when required can support a referral to LA children's social care.

If the family do not consent to an early help assessment, then a judgement as to whether without help the needs of the child will escalate should be made. If so, a referral to LA children's social care may be necessary.

See Derby Integrated Working CAF Handbook for more information about the operation of the early help assessment and Vulnerable Children's Meetings (VCM). This is located on www.derby.gov.uk/health-and-social-care/children-and-family-care/social-care-common-assessment-framework/. Information about Derby Children's Services Multi Agency Teams (MAT's) is located on www.derby.gov.uk/health-and-social-care/safeguarding-children/safeguarding-for-professionals/

Further information about early help assessments (CAF) in Derbyshire can be found on www.derbyshire.gov.uk/social_health/services_for_children/common-assessment/practitioners/default.asp. Information about Derbyshire Multi Agency Teams (MAT's) is located on www.derbyshire.gov.uk/social_health/services_for_children/multi-agency_teams/default.asp

7. Complex or serious needs (Child in Need) that cannot be met through early help (level 3)

Complex or serious needs, where without intervention the child would become at risk of significant harm, will require a specialist in-depth assessment and co-ordination via a social worker. This can include issues which require a degree of urgency in their resolution, as well as children in private fostering arrangements and disabled children with complex needs. It may also include children who have special educational needs, or because they are a carer or because they have committed a crime. This assessment is known as a child in need assessment.

The Children Act 1989, Section 17 states that a child shall be considered “in need” if:

- S/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
- Their health or development is likely to be significantly impaired, or further impaired, without the provision of such services; and/or
- S/he is disabled.

Some children in need may require accommodation because there is no one who has parental responsibility for them or because they are alone or abandoned or because the person who has been caring for them is not or cannot provide them with suitable

accommodation or care. Under the Children Act 1989, Section 20, the local authority has a duty to accommodate such children in need in their area.

Prior to the identification of serious or complex needs, most children will have had an early help assessment and plan as an attempt to address the issues at an earlier stage which has been unsuccessful in improving the situation. The early help assessment, plan and review documents will contribute to the LA social care assessment and analysis.

8. Child Protection Concerns / Section 47 (level 4)

Where there is an immediate need to protect a child because there is reasonable cause to suspect a child is at risk of significant harm, practitioners must contact LA children's social care and / or the police directly and make a referral. Child protection concerns include concerns that a child is being subject to physical abuse, emotional abuse, sexual abuse or is being neglected. A single traumatic event may constitute significant harm but more often it is a compilation of significant events, both acute and long standing, which interrupt, change or damage the child's physical and psychological development. It may also include serious events which have not yet occurred but may be imminent, such as forced marriage or female genital mutilation.

In all of these circumstances an early help assessment would not be appropriate. Where there are child protection concerns a strategy discussion involving the LA, police, health and if needed other agencies takes place to decide whether a Section 47 enquiry is required. The Section 47 enquiry is done by the local authority, with the help of other organisations, to find out what is happening to the child and whether protective action is required, including legal action.

The Children Act 1989, Section 47 states that where a local authority:

a) are informed that a child who lives or is found in their area
i is subject of an emergency protection order; or
ii is in police protection
b) have reasonable cause to suspect that a child who lives, or is found in their area is suffering or likely to suffer, significant harm

the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take action to safeguard or promote the child's welfare. Where the LA decide, taking into account the views of others, that a child cannot safely remain at home, consideration will be given to other arrangements including informal family options, Section 20 accommodation or an application to the courts under Section 31 of the Children Act 1989. In an emergency, an application may be made for an Emergency Protection Order (EPO) to allow a child to be temporarily removed from their parents care.

See the Derby and Derbyshire Safeguarding Children procedures located on: www.derbyscb.or.uk, www.derbyshirescb.org.uk or via the direct link http://derbyshirescbs.proceduresonline.com/index.htm

Version Control

Policy to be read in conjunction with the Derby and Derbyshire Safeguarding Children Procedures (NB : this document replaces all other Derby City or Derbyshire threshold documents)				
Version	**Author/s**	**Signed off by**	**Date**	**Review Date**
1.	Multi Agency Task & Finish Group	DSCB Policy and Procedures Group	November 2013	November 2014

Appendix A Thresholds Indicators Table

This table is intended to give an indication of thresholds through examples. It is NOT a definitive list and a professional judgement should be applied when deciding the level of intervention and where to refer.

Level 1: Low Level Needs – universal services
Most unborn babies, children and young people will have their needs met through universal services however some may need extra support. For example children / young people who: • Are beginning to fall behind in their developmental milestones or learning or where school attendance, punctuality or behaviour has started to deteriorate; • Have parents/carers who need additional support and/or advice with parenting; • Would benefit from contact with community support services i.e. a children's centre; • Have health issues which may require additional health services e.g. school nurse. • Require support to access services i.e. re-school settings, dental care or to attend routine appointments.
Level 2: Emerging Needs - Multi-agency assessment and support via early help assessment process (formerly known as CAF)
For example children / young people where there appears to be / is: • Poor nutrition or inadequate clothing, poor home conditions or risk of homelessness; • Low level self-harm or substance misuse; • Family circumstances which present challenges for a child or unborn baby i.e. parental substance misuse, mental health problems or low level domestic abuse: • Poor attendance, disengagement or at risk of exclusion from school or post 16 education, training or employment; • Disabilities (low level needs) or health needs (chronic); • Significant behavioural difficulties, or involvement in, or risk of, offending; • Teenage pregnancy and parenthood, including the risk of early parenthood; • A young carer who appears to be coping: • Low level risk of child sexual exploitation or are beginning to go "missing"; • Parental conflict or lack of parental support/boundaries.
Level 3: Complex or Serious Needs - Specialist assessment and co-ordination via a Social Worker - "Child in Need" Section 17, Children Act 1989
For example children or young people: • With a disability (medium/high level needs) or significant mental health needs; • Who are aged 16 plus and are homeless; • At medium risk of child sexual exploitation or are persistently "missing"; • Who are young carers and are not coping and / or with unmet needs; • Whose parents are experiencing difficulty in providing a reasonable standard of parenting, including parents who have a physical or learning disability, have mental ill health issues, are seriously ill or misuse substances (this includes unborn babies); • Living in a situation where there is repeated or serious domestic violence (this includes unborn babies) or are age 16 / 17 and are a victim / perpetrator of domestic abuse; • Living in families where there is a likelihood of family breakdown; • Whose behaviour has been sexually harmful; • Who are living in a private fostering arrangement; • Where early intervention attempts to improve the situation have been unsuccessful.
Level 4: Child Protection Concerns - specialist local authority enquiries and intervention - Section 47, Children Act 1989
For example children or young people: • With non-accidental, unexplained injuries or suspicious injuries; • Who have alleged abuse; • Who are in contact with an individual identified as a risk to children; • Who have suffered, or are suffering neglect or emotional abuse that is significantly impairing their development: • Whose care is significantly affected by parental difficulties such as serious substance misuse, serious high risk domestic abuse, significant mental health issues or leaning disability (this includes unborn babies); • Who are imminent at risk of honour based violence, forced marriage or FGM; • At high risk of child sexual exploitation or high risk "missing".

Appendix B **Derbyshire: If you are concerned about a child, young person or family**

Step 1: What is the nature of your concern?

Low level needs
Need is relatively low & individual / universal services able to take swift action

Emerging needs
Concerns for child's well-being, child's needs not clear, not known or not being met. A range of early help services may be required

Complex or serious needs A child or young person has needs which without intervention would seriously impair their health or development, or put them at risk

Child protection concerns A child or young person is at current risk of significant harm because of abuse or neglect

Step 2: What action should you take?

- Discuss with your manager how your own agency can address your concerns
- Consider with the family what help may be needed
- Develop a plan to address and review

- Discuss with your manager
- Talk with family and seek consent for early help assessment & seek other agency involvement
- Develop an action plan, Team Around the Family (TAF) and review progress

- Discuss concerns with your manager or safeguarding lead without delay
- Talk with the family
- Make a referral to Call Derbyshire
- Provide a copy of the early help assessment & any plans, or other relevant assessments

- Discuss concerns with your manager or safeguarding lead without delay
- Talk with the family, unless this puts the child at risk
- Make an immediate referral to Call Derbyshire
- Provide a copy of the early help or other assessment, & any plans if available

Step 3: Follow up if you need to make a request for support or a referral

- Consider using pre assessment checklist & request for support form
- Consult with colleagues & establish if other agencies are involved

- Use early help assessment to request early help services directly to MAT or via Call Derbyshire

- Contact Call Derbyshire Tel 0845 605 8058

- Contact Call Derbyshire Tel 0845 605 8058

Appendix C **Derbyshire: If you are concerned about a child, young person or family**

Step 1: What is the nature of your concern?

Low level needs
Need is relatively low & individual / universal services able to take swift action

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Concerns for child's well-being, child's needs not clear, not known or not being met. A range of early help services may be required

Complex or serious needs A child or young person has needs which without intervention would seriously impair their health or development, or put them at risk

Child protection concerns
A child or young person is at current risk of significant harm because of abuse or neglect

Step 2: What action should you take?

- Discuss with your manager how your own agency can address your concerns
- Consider with the family what help may be needed
- Develop a plan to address and review

- Discuss with your manager
- Talk with family and seek consent for early help assessment & seek other agency involvement
- Develop an action plan, Team Around the Family (TAF) and review progress

- Discuss concerns with your manager or safeguarding lead without delay
- Talk with the family
- Make a referral to Call Derbyshire
- Provide a copy of the early help assessment & any plans, or other relevant assessments

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- Contact Call Derbyshire Tel 0845 605 8058

DERBYSHIRE CHILDREN & YOUNG PEOPLE'S TRUST BOARD

SEPTEMBER 2015

Purpose of the Report

To inform the Children's Trust Board of the production of the Director of Public Health's Annual Report "*A happier, healthier Derbyshire"*.

Information and Analysis

Background

The Health & Social Care Act 2012 created a duty for the Director of Public Health to write an annual report on the health of the local population. The County Council has a duty to publish the report. The content and structure of the report is for local determination so gives freedom for the Director to tailor the report to align with local issues and priorities.

Content of *A happier, healthier Derbyshire*

Positive wellbeing is an important cornerstone of good health. The aim of this year's report is the promotion of positive mental wellbeing through the nationally recognised 'Five Ways to Wellbeing' initiative.

The **Five Ways to Wellbeing** are a set of evidence-based actions which promote people's wellbeing. They are: **Connect**, **Be Active**, **Take Notice**, **Keep Learning** and **Give**. These activities are simple things individuals can do in their everyday lives.

The focus is very much around practical and fun ideas to help people and families take action themselves to increase their wellbeing.

The style of the report is in magazine format lively, innovative and public-facing, and there will be a competition running alongside the report to encourage people to get involved. Local case studies are included and links to web-based information incorporated to showcase local opportunities.

There will be different versions of the report for the following target groups:-

- under 5s and their parents
- primary school age children and families
- secondary school age young people
- adults
- older adults.

The initial two reports for primary age children and families and adults are attached. The other reports will be developed and disseminated later this year.

The reports are based on social marketing principles. This is an approach used to develop activities aimed at changing or maintaining people's behaviour in a sustainable and cost effective way. The key components of social marketing are:-

- seeing things from the audiences perspective
- being clear about what behaviour is desirable
- ensuring the benefits outweigh the costs or barriers
- using a combination of activities to encourage people to achieve the desired action

The publication of the report is timed to coincide with the completion of 'The State of Mental Health in Derbyshire' report, which is part of the Joint Strategic Needs Assessment, and which will include statistical data and evidence on mental health and wellbeing in Derbyshire.

The launching of the report will also coincide with activities to mark World Mental Health Day (10th October 2015).

The reports includes updates on progress against the recommendations for action in last year's public health report.

Distribution

It is proposed to provide access to the report to a wide range of partners and people. Different distribution mechanisms will be used for the adult focussed and children/family focussed reports, which will be actively promoted through a wide range of networks and organisations including libraries, housing associations, children's centres, 50+ forums, care homes, voluntary sector, trading standards, community safety forums,

the Youth Council, Districts/Boroughs, hospitals, Clinical Commissioning Groups.

The adult versions are mainly designed as a web-resource but a limited number of printed copies will be available to ensure that vulnerable groups and those without access to the internet can see the report.

The children's versions will be printed and accessible through schools, and a small number of printed copies will also be available from Children's Centres.

The Report will be presented to partner organisations to seek their support to achieve widespread circulation and gain their backing to promote the "Five Ways to Wellbeing".

Background Papers

The report is attached at appendix 1

Officer Recommendation

That the content of the Director of Public Health's Annual Report is endorsed and promoted.

DERBYSHIRE County Council
Improving life for local people

Director of Public Health Annual Report 2015

Elaine Michel
Director of Public Health
Derbyshire County Council

DERBYSHIRE County Council
Improving life for local people

DPHAR

- Statutory responsibility
- 2014 Report

DERBYSHIRE County Council
Improving life for local people

2015 Report

- Mental Health Focus
  - Public facing format
  - Based on the 5 ways to wellbeing
  - 5 versions across the lifecourse and an easy read version
  - Competition

DERBYSHIRE County Council
Improving life for local people

2015 Report

- 5 ways to wellbeing –
  - Be Active
  - Give
  - Keep Learning
  - Take Notice
  - Connect
- Using local examples to showcase what Derbyshire has to offer and encourage participation

DERBYSHIRE County Council
Improving life for local people

A Happier Healthier Derbyshire
Derbyshire Director of Public Health Annual Report 2015

DERBYSHIRE County Council
Improving life for local people

Positive mental wellbeing is an important cornerstone of good health. There are simple ways that we can all use to make a difference to the way we feel, think and react to life's ups and downs.

Derbyshire has lots of assets and opportunities that can contribute to our feeling of wellbeing: beautiful countryside, friendly people and supportive communities. However there are considerable challenges too – welfare reforms, housing problems, work pressures and family life are just a few examples of day to day problems faced by many.

This report gives some simple, affordable ways that we can all use to make a difference to how we feel.

The **5 Ways to Wellbeing** are tried and tested actions to improve both mental and physical wellbeing. It takes a bit of practice to build them into your life, but they are fun and these small changes can make a real difference.

There are lots of connections between the five areas and I have provided some examples of the great things that Derbyshire people are doing and some examples of what you, your family and friends can do as well. The links will take you to helpful opportunities to make your choices easier.

The **5 Ways to Wellbeing** are to **Connect**, **Be Active**, **Take Notice**, **Keep Learning** and **Give**. Do give them a try!

Elaine Michel
Director of Public Health

Your challenge is to think about what you can do for each of the 5 Ways to Wellbeing and add them in the boxes

Looking after your mental health is just as important as your physical health

Be Active

Exercising makes you feel good. Discover a physical activity that you enjoy

Find a fun activity that gets your body moving – or even better to do this with your family or friends. You can try running, skipping, football, riding a bike, horse riding, swimming, rugby, dancing, karate, going for a walk. There are so many activities to try in your local area – try lots until you find at least one you really love!

Swimming as a family is great; its one of the top activities children like to do together. It's relaxing, fun and as active as you want to make it.

Acting Manager of Wirksworth Swimming Pool Fleur Fern says 'On a Thursday at the open swim, we get older primary school children (10 & 11 yr olds) going for a swim and splash about. They tell us ..."after a day at school, we can go to the pool and relax and just have fun with our friends. We can go without our parents, they know we'll be safe".'

Lots of different activities can be found here – **www.derbyshiresport.co.uk/get-active**

To Be Active I will .....

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Be a good listener to your friends when they are worried

Give

Being kind and do things for other people

Give a smile, a hug or a friendly word to someone who needs it. You can give your time and helping hands to other people; try doing something nice in your area, help with jobs at home or do something for charity.

Every year pupils at Hallam Fields Junior School with Erewash Borough Council have a litter pick in the area around the school. Two pupils from each class helped clean the local paths running around the back of school and made sure all the school grounds were litter free too. By giving their time the pupils have made the area look much nicer and everyone can now enjoy the clean paths – lots of the community have given the pupils smiles and thank you's for all their hard work.

If you have any worries, speak to an adult you trust and they can help

To Give I will .....

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DERBYSHIRE County Council

Improving life for local people

Keep Learning

Learn something new – try something different.

Learning doesn't just happen at school. You can try something new - sport, cooking, art, knitting, photography, music or drama. Read for fun. Go outside and learn about nature and the environment. Learn about different countries, space or the area you live in.

Barrow Hill Primary School and the Food for Life Partnership (FFLP) have been working together to encourage everyone in the school and community to learn more about the food they eat.

They have learnt how to grow fruit, vegetables, herbs and plants to attract wildlife. Families have learnt how to grow food in baskets or tubs to show what is possible even without a garden.

Families have been trying different types of bread, planting seeds and making cake recipes with vegetables.

To learn more about FFLP go to **www.foodforlife.org.uk.**

Museums and libraries are great places to learn. Find out more by looking here:

www.visitderbyshire.co.uk/places_to_visit-2-30-0-1.ihtml
www.derbyshire.gov.uk/leisure/libraries/default.asp

To Keep Learning I will.....

.....

.....

Feeling happy may help you live longer

Take Notice

Be aware of the world around you and what you are feeling

Stop and take notice of all the things around you – people, places and your own feelings. Watching clouds float across the sky, the weather, how things are growing or the sounds you can hear. Take notice of your feelings and those of other people.

Families have been taking notice of their surroundings to help them with Xplorer challenges. Over the past four years Derbyshire Village Games and British Orienteering have seen thousands of people attend the family-friendly events. Families use a simple map, explore, find markers within the park and complete challenges. Xplorer sessions are designed to get the whole family out and about, enjoying themselves and working together as a team within some of our beautiful countryside and parks.

Look out for Xplorer events throughout the year – more information and a list of the latest events can be found **www.xplorer.org.uk**

To Take Notice I will.....

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Connect

Connect with people around you at home, school or the local community

Spend time with family, friends and people in your community. Talk together or find activities that you all enjoy.

Stonelow Junior School, Derbyshire County Council Library Service and Stonelow Court worked together to connect and learn more about each other. Each week Year 5 children spoke to people at Stonelow Court about a different topic. They were able to share stories about when they were younger and discussed which things were different. Some of the pupils said "I really enjoy going up to Stonelow Court. All the residents are really nice to me and my group, sometimes they can tell very exciting stories that might surprise you!". After the project, the children were invited to celebrate a 100th birthday and some of the children and their families arranged to see the residents at weekends. Ways to connect with other people can be found here: **www.derbyshire.gov.uk/community/derbyshire_directory/categories/default.asp**

To Connect I will.....

.....

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If you want to know more about mental health and wellbeing click go to The State of Mental Health in Derbyshire
http://observatory.derbyshire.gov.uk/IAS/Custom/Pages/health/lifestyle/MentalHealth.aspx
You can find out more about what happened as a result of my last Public Health Annual Report;
A Fairer, Healthier Derbyshire 2014 at www.derbyshire.gov.uk/publichealthannualreport

DERBYSHIRE County Council
Improving life for local people

Questions

Thank you

Elaine.michel@derbyshire.gov.uk

DERBYSHIRE CHILDREN & YOUNG PEOPLE'S TRUST BOARD

10th SEPTEMBER 2015

Purpose of the Report

1. To provide an update on the Children's Trust Board key indicator set.

Information and Analysis

2. Updates have been included for the following indicators:

- Number of children in care per 10,000 population
- Number of children subject to a child protection plan
- Children who have run away from home/care overnight
- Number of children in need per 10,000 population
- Hospital admissions for young people due to self-harm
- % achieving a good stage of development in the Early Years Foundation Stage
- 16-18 year old NEETs
- 17 and 18 year olds participating in learning
- Care leavers in employment, education and training
- Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths
- Under 18 years alcohol related admissions to hospital

3. The following indicators have moved in the right direction since they were last updated:

- Children subject to a child protection plan
  593 children were subject to a protection plan in July, a reduction compared with the provisional 2014-15 end-year outcome of 644. The numbers tend to fluctuate on a month-by-month basis.

- % achieving a good stage of development in Early Years Foundation Stage
  In 2015-16, the provisional outcome is that 68.5% achieved a good stage of development, up from 61.6% last year

- Participation of 16-18 year olds
  3.6% of 16-18 year olds were NEET in June, compared with the provisional year end figure of 4%. Participation rates for 17 and 18 year olds in learning have also increased.

- % achieving 5 or more GCSEs A* - C including English and Maths
  In 2015, 56.4% achieved 5 or more GCSEs A* - C including English and Maths, compared with 53.7% last year

4. Children's Trust partners will want to note and consider the following:

- Children in care
  The trend is now upwards, increasing from a provisional 2014-15 year end outcome of 600, to 624 at the end of July.

- Children in need
  The number of children in need is 4,739, compared with the provisional 2014-15 end year outcome of 4,660. The rate per 10,000 population has also increased slightly.

- Children who have run away from home/care overnight:
  The rolling 3-year average in July was 318. This is similar to the provisional end year outcome for 2014-15 of 322. This indicator had been on a consistent downward trend but has fluctuated over the course of the past year.

5. The following indicators give cause for concern:

- Hospital admissions (10-24 year olds) due to self-harm
  In 2013-14, 818 young people were admitted, compared with 495 in 2012-13. The rate of admissions per 100,000 pop has increased from 377.5 to 621. The rate in Derbyshire is approximately 50% higher than the comparator Local Authority average.

- Participation of care leavers
  47.6% of care leavers aged 19-21 participated in education, employment or training in 2014-15. This is not directly comparable with previous figures reported to the Board, as measurement of this indicator has changed.

Officer Recommendation

6. It is recommended that Children's Trust Board members-

- Note the performance data provided
- Identify any further information or analysis that may be required to understand the reasons for these changes
- Consider what actions can be taken to improve performance and how the increasing rate of admissions for self-harm can be addressed in the Future in Mind transformation plan.

Linda Dale
September 2015

DERBYSHIRE CHILDREN'S TRUST
making life better for children

Key Performance Indicators-Update August 2015. All end of year outcomes are provisional.

Indicator	Latest actual number	Current Performance	Performance against target	Direction of travel compared with last update	Comparator average	Comparator best
1.Children in care per 10,000 population (Updated monthly)	624	41 per 10K pop (July 2015)	**Not Meeting**	**Worse**	Not Available	Not Available
2. Adoptions from care (% leaving care who are adopted). 3 year average figures. (Updated annually – no update – last update 2011-14)	215	25%		**Better**	14% (Nat) 16% (SN Ave)	25% (Derbyshire)

3. No of children subject to a child protection plan per 10,000 pop (Updated monthly)	593	39 per 10K pop (July 2015)	**Achieving**	**Better**	Not Available	Not Available
4. EHA's instigated by organisation	***Reports in process of being developed***					
5. Children who have run away from home/care overnight (Updated monthly)	318 (July 2015)	N/A	**Not Meeting**	**Better**	Not Available	Not Available
6. Children in need per 10,000 population (Updated monthly)	4739 (July 2015)	308 per 10K pop		**Worse**	Not Available	Not Available
7. Hospital admissions of children and young people due to self-harm (10-24) per 100,000 pop (Updated annually – updated for 2013/14)	818	621 per 100K	**Not Met**	**Worse**	412 per 100K (Nat)	119 per 100K
8. % achieving a good level of development in the Early Years Foundation	5818	68.5% (Provisional)	**Not Met**	**Better**	Not Available	Not Available

Stage (Updated annually – updated for 2015/16)						
9. Breast feeding initiation rates (Updated annually – no update – last update 2013/14)	5379	72.6%	**Not Met**	**Better**	73.9% (Nat) 71.9% (Regional)	73.9%
10.Obese children in reception year (aged 4-5) (Updated annually – no update- last update 2013-14)	681	8.6%	**Achieved**	**Worse**	9.5% (Nat) 9.0% (SN)	7.8% (Nottinghamshire)
11. Obese children in year 6 (aged 10-11) (Updated annually –no update- last update 2013-14)	1259	17.1%	**Achieved**	**Better**	19.1% (Nat) 18.0% (SN)	16.7% (Northamptonshire)
12. Smoking in pregnancy (Updated annually – no update – last update 2013-14)	1224	16.3%	**Not Met**	**Worse**	12.0% (Nat) 15.1% (Regional)	10.7% (Leicestershire)

14.English and Maths of children benefitting from Pupil Premium	***To be developed***					
15. Children living in poverty (under 16) (Updated annually – no update – last update 2012)	21860	16.3%		**Better**	19.2% (Nat) 18.2% (EM)	11.5% (Leicestershire)
16.16-18 year old NEET (Updated monthly. Annual outcome is a 3-month average of Nov, Dec, Jan)	1040 (End of year 14/15)	4.0% (14/15) 3.6% (June 2015)	**Not Meeting**	**Better**	4.7% (Nat) 4.2% (SN) 4.4% (EM)	1.9% (Nottinghamshire)
17.Percentage of 17 year olds in learning (academic age) (Updated monthly)	7798	89.6% (June 2015)	**Not Meeting**	**Better**	Not Available	Not Available
18.Participation of 18 year olds in learning (academic age) (Updated monthly)	6423	76.3% (June 2015)	**Not Meeting**	**Better**	Not Available	Not Available

19.Care leavers in employment, education and training (at age 19,20,21) (Updated monthly)	126 (14/15)	47.6%	**Not Met**	**Better** (than 13/14) (Not comparable due to changes in age criteria. The 2013/14 figure for 19,20 and 21 year olds was 47.5%)	Not Available	Not Available
20. Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths (Updated annually – Results Day update 2015)	4514	56.4% (Provisional – collected from schools on Results Day)	**Not Met**	**Better**	Not Available	Not Available
21. Under 18 conception rates (per 1000 girls aged 15-17) (Updated quarterly – no updates – last update full-year 2013)	270 (2013 full-year)	19.4 per 1000	**Achieved**	**Improving**	24.3 per 1000 (Nat) 24.4 per 1000 (SN) 24.6 per 1000 (regional)	19.4 per 1000
22. Under 18 years alcohol related admissions to hospital (specific) <18 years per 100,000 pop. Pooled over 3 years	70	45.4 per 100K		**Worse**	40.1 per 100K (Nat)	

(Updated annually – latest update 2011/12 - 2013/14)						