

London Borough of Hillingdon

EXTERNAL SERVICES SCRUTINY COMMITTEE

2010/2011

DRAFT SCOPING REPORT

Proposed review title:

CHILDREN'S SELF HARM WORKING GROUP

Aim of review

To recommend, review, improve and formalise the Council's arrangements for addressing children's self harm in the Borough.

Draft Terms of Reference

- 1. To consider existing Council services and procedures which address children's suicide and self harm and any improvements that could be made;**
- 2. To review whether the Council's processes in tackling this are timely, effective and cost efficient;**
- 3. To review the guidance and support that is currently available from the Council to these children and their parents/carers;**
- 4. To assess ways of measuring the number of cases of children's self harm and the accuracy of these methods;**
- 5. To seek out the views on this subject from Residents and partner organisations using a variety of existing and contemporary consultation mechanisms;**
- 6. To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits; and**
- 7. After due consideration of the above, to bring forward strategic, innovative and practical recommendations to the Cabinet in relation to the Council's procedure in dealing with cases of children's self harm.**

Background and importance

Self-harm (also known as self injury or self mutilation) means deliberately injuring ourselves. Often this leaves a mark, a scar, draws blood or leaves a bruise. The most common ways of doing this are cutting, burning, biting, scratching or pricking to draw blood, burning, picking at old wounds, punching or head-banging a wall. Other ways to self-harm include self-poisoning, pulling your hair out, hitting yourself against objects, taking a drug overdose, and swallowing and putting things inside yourself. Behaviours associated with substance abuse, neglecting yourself and eating disorders can also be considered to some extent as self-harm.

Self-harm is more common than is generally realised. It is impossible to say exactly how many people self-harm because many young people hurt themselves secretly before finding the courage to tell someone and many of them never ask for counselling or medical help. There is no 'typical' person who self harms. It can be anyone. An individual who self harms cannot be stereotyped; they can be of all ages, any sex, sexuality or ethnicity and of different employment status etc.

Most people who self-harm have been through difficult experiences as a child or young adult. These experiences may include, separation from someone, being bullied, assaulted or isolated, being put under pressure, homelessness, going into care, bad relationships, hospital or other institutions, neglect, physical violence, emotional abuse or sexual abuse.

They may feel bad about themselves. As pressure builds up, self harm can feel the only way of dealing with it. Sometimes a physical pain provides a relief to the feelings in their head. They may want to punish themselves because they feel guilty or worthless. Or they may feel the cutting acts like a pressure valve, allowing them to relax. It can also be a way to physically express feelings and emotions when individuals struggle to communicate with others. In the majority of cases self harm is a very private act and individuals can go to great lengths to hide scars and bruises and will often try to address physical injuries themselves rather than seek medical treatment.

Although suicide is not the intention of self-harm, the relationship between self-harm and suicide is complex, as self-harming behaviour may be potentially life-threatening. There is also an increased risk of suicide in individuals who self-harm to the extent that self-harm is found in 40–60% of suicides.

Some facts about self-harm:

- All kinds of people self-harm, but it's most common among girls age 15-19 and men aged 20-24. It's not known exactly how many people self-harm, as it's often hidden.
- Every 30 minutes a teenager deliberately cuts, burns or scalds themselves.
- It is estimated that between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- 6.2% of 16-24 year olds have attempted suicide in their lifetime.
- 8.9% of 16-24 year olds have self harmed in their lifetime.
- 64 males per million of the population and 17 females per million died through intentional self harm in 2008.
- In 2004, there were 277 suicides amongst children and young people aged between five and 24-years-old in England and Wales.
- In 2005 28 children under the age of 14, (10 girls and 18 boys) took their own lives.

- More than 24,000 teenagers are admitted to hospital in the UK each year due to the severity of their injuries after deliberately harming themselves. Most have taken overdoses or cut themselves.
- The UK has one of the highest rates of self harm in Europe at 400 per 100,000 population.

Reasons for the review

This review will focus on children/young people up to the age of 18 years old and vulnerable adults up to the age of 25 years old. It will look at what the Council is doing currently and also at the extent of children's self harm in the Borough. Physical self-mutilation will be the primary focus of the review, but it will also touch on other related issues such as anorexia and drug and alcohol abuse.

Current procedures need to be reviewed to ensure that sufferers are not overlooked

Work is currently being undertaken by various departments within the Council to address the issue of children who self harm.

To ensure that Borough Residents receive the best possible service, children who self harm and their parents/carers should be made aware of procedures to and advice that is available to help them. This would go some way to making sure that those Residents who want and need help are not overlooked.

Awareness raising

This is a sensitive subject and sufferers are often unwilling to speak openly about their situation for a variety of reasons including fear and embarrassment. Raising awareness of children's self harm (and the help and advice that is available to them) may help them to speak up and gain support in dealing with the matter.

Current measures in place

Hillingdon Local Safeguarding Children Board

The Local Safeguarding Children Board (LSCB) evolved from the Area Child Protection Committees as a requirement from the Children's Act 2004. The LSCB is the key statutory mechanism for agreeing how the relevant organisations in Hillingdon will co-operate to safeguard and promote the welfare of children, and ensure our effectiveness.

The work of LSCB is part of the wider context of children's trust arrangements that aims to improve the overall wellbeing (i.e. the five Every Child Matters outcomes) of all children in the local area. Whilst the work of LSCB contributes to the wider goals of improving the wellbeing of all children, it has a particular focus on aspects of the 'staying safe' outcome.

APPENDIX B

The relevant area for LSCB is the Every Child Matters (ECM) Outcome 'Staying Safe', with a focus on the Protection & Prevention from harm and Promotion of the welfare of all children in the Local Authority. LSCB aims to improve the wellbeing of all children in the local area.

It is the responsibility of the LSCB to ensure that training on safeguarding and promoting welfare is provided to meet the local need.

Hillingdon Local Safeguarding Children Board (HSCB) develops local arrangements for safeguarding children and ensures that partners are working effectively together to achieve objectives. The Local Safeguarding Children Board is a multi-agency board from all agencies within the Borough, both statutory and from the private and voluntary sector, working together to safeguard and promote the welfare of our children and young people. The Hillingdon Safeguarding Children's Board has adopted the Government Department for Children, Schools and Families (DCSF) guidelines on sharing information, which should ensure that key information is properly shared to protect children and enable professionals to carry out their role having full access to relevant information.

Hillingdon Local Safeguarding Children Board Business Plan 2008-11 states 'Prevention' as a Priority. This Priority includes: self harm and suicidal behaviour for children and young people. A Community Engagement, Education and Prevention sub-group was to be set up to take a lead on this priority. An aim is to increase awareness and improve identification and access to services for children and young people who self harm. This group was tasked with auditing schools, colleges, Child and Adolescent Mental Health Services and hospitals to determine the source of the problem. The Community Engagement, Education and Prevention sub-group meets around every 6 weeks.

The multi-agency LSCB training sub-group is responsible for identifying training needs, managing and delivering the training programme to local staff within Hillingdon. This includes the statutory, voluntary and independent sectors.

The multi-agency training programme supports the HSCB business plan and priorities by providing a range of courses to equip local staff with the skills and knowledge to effectively safeguard and promote the welfare of children and young people.

Resources available

There are currently no additional resources available within the Council to devote to identifying and tackling children's self harm. As such, any work undertaken as a result of this review would have to be fulfilled within the current budgetary constraints and subsumed within the workloads of existing officers.

Consideration will need to be given to how additional resources can be identified to deal with the anticipated increase in reports of abuse that would result from the recommendations of this review.

Equalities

The Council needs to ensure that procedures for dealing with children who self harm are applied equitably to all community groups, races and ethnicities, enhances community cohesion and adequately meets the needs of a diverse borough.

Who is this review covering?

1. All people living in Hillingdon.
2. Hillingdon Safeguarding Children Board, Youth Service, Parent Partnership, Access and Inclusion Team, Children Services, Mental Health Service.
3. External partners e.g. Metropolitan Police and GPs.

Key issues

1. Are Residents' expectations and concerns about children's self harm reflected in the Council's service standards?
2. How are instances currently identified and dealt with across the Council and how can this be improved and standardised?
3. How have other councils successfully dealt with the issue of children's self harm?
4. Training of staff to properly detect and assess cases.
5. Balance of the 'nanny state' versus an individual's freedom.

Methodology

1. The Children's Self Harm Working Group will be set up to examine background documents and receive evidence at its public and private meetings from officers and external witnesses.
2. The Committee may also make visits to sites and/or to other Councils with best practice examples.

Relevant Documents

To be provided as the review progresses.

Witnesses/evidence providers

Possible witnesses include: Health Visitor from Hillingdon Hospital, representatives from Hillingdon's Safeguarding Children Board (including Community Engagement, Education and Prevention sub-group), representatives from Relate, YMCA, Mind, Metropolitan Police Service,

Social Services, London Borough of Hillingdon's Youth Service, GPs, Centre for North West London Mental Health, and Children and Adolescent Mental Health Services (CAMHS).

There may need to be some further prioritisation within this list in order to make the review manageable and ensure that it is complete within the prescribed timescale.

Stakeholders and Consultation Plan

1. Partner agencies will be invited to make submissions to the Review.
2. The stakeholders are:
 - Parent Support Service (LBH)
 - Children and Families Service (including Youth Service, Parent Partnership, Referral and Assessment Team and the Access and Inclusion team) (LBH)
 - Hillingdon Safeguarding Children's Board (LBH)
 - Children Services (LBH)
 - GPs
 - Hillingdon PCT
 - Central and North West London NHS (CNWL)
 - Children and Adolescent Mental Health Services (CAMHS)
3. Consultation plan: representatives of stakeholders will be invited as witnesses. The review could be publicised in Hillingdon People and on the Council website and written contributions invited.

Connected work (recently completed, planned or ongoing)

Recent statistics from Hillingdon Hospital show the number of children and young people arriving at A&E with injuries caused by self-harm broken down by whether these were admitted or not.

		Apr'09- Jun'09	Jul'09- Sep'09	Oct'09- Dec'09	Jan'10- Mar'10	Total
Self-Harm	Admitted	0	0	2	5	7
	Non Admitted	1	0	1	3	5
Self-Harm Total		1	0	3	8	12

The Council are finalising an agreement to get this data at postcode level from Hillingdon Hospital. So it may soon be possible to carry out some area analysis.

Outcome

The Committee's recommendations will go to the Cabinet and the Council's partners for approval.

Proposed timeframe & milestones

- **Meeting 1:** Xpm, XXXXXXday XX December 2010 (Committee Room X) – To agree Terms of Reference and 1st Witness Session (X witnesses)
- **Meeting 2:** Xpm, XXXXXXday XX January 2011 (Committee Room X) – 2nd Witness Session (X witnesses)
- **Meeting 3:** Xpm, XXXXXXday XX February 2011 (Committee Room X) – 3rd Witness Session (X witnesses)
- **Meeting 4:** Xpm, XXXXXXday XX March 2011 (Committee Room X) – Finalise report for consideration by Cabinet on 14 April 2011 (if the report is ready in time, the report to be considered by the parent Committee at its meeting on 30 March 2011)

Risk Assessment

The review needs to be resourced and to stay focused on its terms of reference in order to meet its deadline.