Nottinghamshire County Council

Report to Corporate Parenting Sub-Committee

2 March 2015

Agenda Item: 5

REPORT OF THE SERVICE DIRECTOR, CHILDREN'S SOCIAL CARE

SUPPORT FOR LOOKED AFTER CHILDREN WITH SELF-HARMING BEHAVIOUR

Purpose of the Report

1. To provide information to the Corporate Parenting Sub-Committee regarding self-harming behaviour in young people and the support they receive.

Information and Advice

2. Self-harm is not a new phenomenon, it has always been an expression of emotional pain but the concern is the trend for adolescents and younger children to be coping in this way and the increasing number of cases. We know that there are great cultural and social influences on how distress and mental illness present. At present it seems to be an almost culturally normal way for young people to express distress. Self-harm can mean cutting, burning with lighters or cigarettes, or aerosol sprays (cold burns/frosting), overdosing on prescribed or un-prescribed medications, over the counter drugs, e-cigarette liquid or domestic cleaning products like bleach, tying ligatures around the neck, attempted hanging, drowning or other dangerous behaviours such as standing on high buildings.

3. We know that self-harm can be 'contagious', once one young person in an environment starts to self-harm other young people adopt the same behaviours. It can become a habitual response to stresses, an unhelpful and maladaptive coping strategy. It is possibly because of social contagion spread by the increase in images of self-harm on social media such as Facebook and Instagram. Young people post their images online for friends to see and see peers in school with self-harm scars. There is also increased access through smart phones to information on how to self-harm. There are parallels with the rise in eating disorders which we are also seeing possibly influenced by online activity. Whilst it can be associated with serious mental illness, the rising incidence is not matched by a rising incidence in psychosis or depression. Children and adults who self-harm tell us that the sight of blood relieves tension and frustration. The act of self-harming can be driven by a sense of isolation, anger, sadness and frustration.

4. It should not be assumed that self-harm is only a coping strategy. More concerning behaviours may involve an element of communication about the nature of the distress, for example it is possible that a child cutting or burning areas such as genitals or breasts may be indicating previous serious sexual abuse. Some children clearly tell us they start to self-harm in placements that do not meet their emotional needs or are actively

emotionally abusive to them. Where children continue to self-harm (whether in care or not), it would pay all agencies to attend to what they are trying to communicate to us with this high risk and damaging behaviour about their social and emotional circumstances once mental illness is excluded.

5. Rarely young people who self-harm have a serious underlying mental illness, but this is the exception. Although suicide is a leading cause of death in under 25s, it remains a relatively rare event in those under 18, even in those with significant self-harm. In some cases we might worry more about quietly withdrawn young people who are less obvious about their displays of distress in whom the inability to communicate any of their feelings, even through an inappropriate way like self-harm, may mean that they are at higher risk of suicide or accidental death through serious first attempts at self-harm.

Children/young people in care and adopted children

6. Children in care are more likely to have had adverse life experiences, frequent moves, fractured family and care relationships all of which increase their vulnerability to adopting unhealthy coping behaviours. The most distressed and angry young people in care usually also self-harm, a way of being angry at themselves, an expression of shame or self-punishment. It can be a serious problem for children in care who self-harm chronically as a means of coping since few placements are prepared to take the risks associated with managing this behaviour. Some young people placed in residential placements for behaviour related to anger and non-compliance subsequently start self-harming when in residential care. Very few young people who self-harm remain in foster care.

Numbers

7. Of the 255 young people currently open to Child & Adolescent mental Health Services (CAMHS) CLA & Adopted Team (December 2014), we are aware of 46 young people with active or recent self-harming behaviours. Some of these young people harm on an almost daily basis to relieve stress or tension telling us that the act of self-harm is self-soothing. For many it is driven by anger and distress. There are 31 females and 15 males currently open to the team.

Table 1 illustrates the age range of this cohort

Age range	**Number**
10 - 13 years	7
14 – 15 years	20
16 – 18 years	19

Impact

8. Of those 46 young people, 19 have been placed in highly specialist residential care, because of their self-harming behaviours and overall ‘risky’ presentation. Seven of this cohort has been admitted to hospital because of their self- harming behaviour. One young person currently remains in an in-patient setting, one young person moved from an in-patient setting directly to a long term foster placement and five young people moved from a hospital in-patient setting to specialist residential care.

9. Case studies from this cohort are as follows:

- one young person who was involved in a suicide pact via the internet was rescued by emergency services and placed in an in-patient unit for around six months. This young person moved to live in foster care and has made positive progress over the last 18 months to the extent that they are now engaged in full-time mainstream education and no longer involved with CAMHS.

- One young person who has been known to CAMHS service for most of their life was involved in self-harming behaviour over a two year period via cutting and medication overdose. The young person has now been offered regular respite care from their adoptive placement and has engaged positively with long term individual work with a CAMHS clinician.

- Three young people who were placed in in-patient units following numerous incidents of self-harm have now moved on to specialist residential placements where their incidents of self harm have been contained and subsequently show signs of decreasing. They continue to be supported by a network of residential and social workers, CAMHS clinicians and education staff and are currently all making progress with the emotional challenges they face.

Table 2 illustrates the status of the cohort

Status	**Number**
Foster care	15
Adopted	6
Adopted moved to Residential care	4
Adopted moved to Foster care	1
Foster care moved to Residential care moved to Hospital inpatient	1
Adopted moved to Foster care moved to Residential care	2
Residential	5
Living independently	1
Foster care moved to Residential care	6
Hospital inpatient moved to Residential care	1
Foster care moved to residential care moved to Secure inpatient unit	1
Residential care moved to Hospital inpatient	2
Foster care/Hospital/Residential care	1

Support Following a self-harm episode

10. For young people who present at A&E departments, a self-harm protocol is in place. Young people aged 16 years and under are admitted onto a paediatric ward where they are assessed by the duty CAMHS worker to establish whether there are ongoing risks, establish a safety plan and appropriate follow up in the community. Some of the responses required from the carers may include safety planning e.g. removing the means such as locking up prescribed and over the counter medications (paracetamol etc). On discharge young people and their parents/carers are provided with information leaflets around self-harm.

11. Young people 16-18 years who present at A&E following a self-harm episode are initially assessed by staff within A&E and admitted if required, otherwise they are discharged for a follow up appointment in the community. We would expect almost everyone to be discharged after this initial assessment and safety/discharge planning process with a follow up appointment arranged with the appropriate community CAMHS team, some young people will already be known to the CAMHS service and others will be new referrals

12. This cohort of 46 young people receive a variety of support from the CAMHS CLA & Adoption Team; this ranges from CAMHS consultations to their foster carers, residential workers, or adoptive parents, and at times this can include young people and their wider networks such as school. Ideally these young people need carers who can provide warmth and empathy and remain neutral and contain their own emotions about the self-harming behaviours. Another focus of the consultations is to facilitate the network's understanding of the potential risks for this young person. Alongside the ongoing CAMHS consultations to their networks, 15 young people within this cohort have engaged in a range of individual direct work with a clinician in the team.

13. CAMHS CLA & Adoption team is also part of the steering group of the innovative 'Listen Up! Self-harm Project that is currently being supported by both Nottinghamshire Healthcare Trust and Nottinghamshire County Council. The project is encouraging young people who self-harm to get involved; their message to young people is "Please help us complete our research. It's really important for us to understand more about self-harm and help in the future development of services designed to help young people who self-harm".

14. Researchers from the Listen Up! Project have presented at the Children in Care Council, Through Care Social Work Team Meeting, IRO Team Meetings and mainstream Residential Team meetings. All young people who self-harm are made aware of the project and the option of accessing support from Harmless a voluntary organisation which offers young people support around self-harm and is also involved in the Listen Up! Project. The Harmless organisation also provides training around self-harm for staff teams working with young people. Residential staff and social workers involved with young people within our (Notts CC) mainstream residential homes have accessed this recently.

Other Options Considered

15. This report is for noting only

Reason/s for Recommendation/s

16. This report is for noting only

Statutory and Policy Implications

17. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such

implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

1) That the information about Looked After Children with self-harming behaviour and the support available to them be noted

Steve Edwards
Service Director, Children's Social Care

For any enquiries about this report please contact:

Helen Daft
Interim Children's Service Manager CAMHS
T: 0115 97 74447
E: helen.daft@nottscc.gov.uk

Constitutional Comments

18. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (SS 06/02/15)

19. There are no financial implications arising directly from this report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

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