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**SELF-HARM TRAINING**

**COMMISSIONED BY**

**East Lancashire Clinical Commissioning Group (ELCCG)**

**Blackburn with Darwen Clinical Commissioning Group (BwDCCG)**

**EVALUATION REPORT**

**December 2015 - May 2016**

  

**CONTENTS**

 Page

**Section 1 - Project Summary** **1**

Background

Research showing links between self-harm and suicide in children and

young people 1

National strategy: `Preventing Suicide in England’ 1

Self-harm in children and young people in Lancashire 2

Development of Self-Harm Training Programme

NHS CCG strategy for tackling self-harm in CYP 2

**Section 2 - Service Description**  **3**

**Section 3 - Service Delivery** **4**

Suitability of harm-ed as a training provider 4

Service design and allocation of training places 4

Treating service-users as partners 9

**Section 4 - Quality and Outcomes Performance Standard 13**

Harm-ed’s performance against activity/process performance indicators

Production of training delivery plan 13

Provision of progress reports 13

Monitoring meetings attended 14

Number of training courses delivered 14

Total number of course participants 14

Number of members of the CYPTW attending by sector/district 14

Evaluation of the impact that the training has had within schools and with CYP 16

Harm-ed’s performance against quality/outcomes performance indicators

Comparing actual outcomes against target outcomes 17

Impact of training on CYPTW members 19

Value for money 22

Harm-ed’s key recommendations

Next Steps 23

**1.0 PROJECT SUMMARY**

**Background**

 ***Research showing links between self-harm and suicide in children and young people***

1.1 Research studies have shown that, by age 15-16, 7-14% of adolescents will have self-harmed once in their lifetime (Hawton K, Rodham K, Evans E and Weatherall R (2002) *Deliberate self-harm in adolescents: self-report survey in schools in England*). Evidence shows that people who self-harm are at increased risk of suicide, although many people do not intend to take their own life when they self-harm (Cooper J, Kapur N, Webb R et al (2005) *Suicide after deliberate self-harm: a 4-year cohort study*). At least half of those who take their own life have a history of self-harm, and one in four have been treated in hospital for self-harm in the preceding year. Around one in 100 people who self-harm takes their own life within the following year. There is increased risk of suicide in those who repeatedly self-harm and in those who have used violent/dangerous methods of self-harm (Runeson B, Tidemalm D, Ddahlin M et al (2010) *Method of attempted suicide as predictor of subsequent successful suicide: national long term cohort study*).

 ***National strategy: `Preventing Suicide in England’***

1.2 The *`Preventing Suicide in England’* cross-government outcomes strategy (HMG/DH, 2012) supports the delivery of training on suicide and self-harm for staff working in schools and colleges as an effective local intervention in reducing the risk of suicide in children and young people (CYP):

 *'The non-statutory programmes of study for Personal, Social, Health and Economic (PSHE) education provide a framework for schools to provide age–appropriate teaching on issues including sex and relationships, substance misuse and emotional and mental health. This and other school-based approaches may help all children to recognise, understand, discuss and seek help earlier for any emerging emotional and other problems.*

*The consensus from research is that an effective school-based suicide prevention strategy would include:*

* *a co-ordinated school response to people at risk and staff training;*
* *awareness among staff to help identify high risk signs or behaviours (depression, drugs, self-harm) and protocols on how to respond;*
* *signposting parents to sources of information on signs of emotional problems and risk;*
* *clear referral routes to specialist mental health services'.*

The *`Preventing Suicide in England’* strategy supports the delivery of appropriate training on suicide and self-harm for staff working in schools and colleges as an effective local intervention in reducing the risk of suicide in this high risk group.

***Self-harm in children and young people in Lancashire***

1.3 Children and Young People in Lancashire 2014 - JSNA Article: Self Harm During 2012/13, there were around 1,073 emergency hospital admissions due to self-harm among 10-24 years olds in Lancashire-12. This equated to a rate of 476.3 admissions (per 100,000 population) The rate for Lancashire-12 was significantly worse than the rate across England, and remained higher than the regional rate at 27% higher than the national rate. Analysis demonstrated the rate of admissions for deliberate self-harm within Lancashire-12 are about 27% higher than the national rate. With over 1,000 10-24 year olds being admitted for deliberate self-harm a year in Lancashire-12, this is not an inconsequential figure. With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment.

1.4 As part of Lancashire’s Emotional Health and Wellbeing Commissioning Strategy, a series of stakeholder events were held during 2013. A consistent and recurring theme arising was the concern from professionals working with CYP who feared they may be missing cues in respect of self-harm and who did not feel confident in addressing self-harm issues with children, young people and their families. In addition, CYP strongly support training for staff which help them recognise signs and symptoms, promote coping strategies and identify services that can offer additional support.

1.5 Child and Adolescent Mental Health Services (CAMHS) in Lancashire have reported an increase in demand for their services, including an increase in referrals in respect of self-harm.

1.6 An in-depth review on suicide and self-harm in Lancashire, undertaken in 2012 by the Child Death Overview Panel, highlighted the importance of professionals to have the appropriate skills to enable them to engage with CYP effectively; research shows that such a skill set is all the more important when seeking to engage with those young people who do not necessarily want to engage (Devaney, J, Bunting, L, Davidson G, Hayes, D, Lazenbatt, A, and Spratt, T (2012), *Still Vulnerable, The Impact of Early Childhood Experiences on Adolescent Suicide and Accidental Death*; Northern Ireland Commissioner for Children and Young People).

1.7 Any training course would necessarily need to incorporate advice to staff in respect of self-harm contained in Lancashire Safeguarding Boards procedures. Further post-course training could be provided by the emotional health and wellbeing suite of e-learning modules, including one on suicide and self-harm.

**Development of Self-Harm Training Programme**

***NHS ELCCG and BwDCCG’s strategy for tackling self-harm in CYP***

1.9 In order to address the serious issues of self-harm in CYP (CYP) in Pennine Lancashire, and with the aim of reducing the incidence of suicide in this high risk group. Following a recent successful contract with Lancashire County Council in delivering this training, the ELCCG and BwDCCGasked Harm-ed to develop a comprehensive self-harm training programme across the whole of Pennine Lancashire in December 2015. Following submitting a course outline and delivery costs, harm-ed was commissioned to undertake this work in line with the terms stated in CCG’s Service Specification.

1.10 Both CCG’s were responsible for overseeing this service and for providing strategic direction, support and challenge to these commissioning arrangements. Throughout the commission, Harm-ed provided the CCG’s with frequent progress updates. All progress updates were provided by email and included booking requests and attendance at courses.

**2.0 SERVICE DESCRIPTION**

2.1 The overall aim of the service was to design, deliver and evaluate a total of 26 full-day training courses between Feb 2016– May 2016 on the subject of CYP who self-harm to the cyp workforce. This included members of staff from numerous organisations and different sectors, namely early years; education; health; social, family and community support; sports and culture; youth; justice and crime prevention and the managers and leaders of children's and wider public services. The voluntary sector is included across all eight sectors

2.2 One of the core objectives of the service was to deliver the training “across Pennine Lancashire ensuring equity of access and an even representation of the workforce with the aim to prioritise health and education. One of the key outcomes was to ensure that participants were made aware of services which could be accessed locally throughout Pennine Lancashire in order to provide effective support to CYP who self-harm. This therefore required a join-ed approach to the delivery of self-harm training.

2.3 The service was designed so as to contribute to the priorities identified in both the CCG’s CAMHS priorities and Lancashire's Children & Young People Plan and the emerging priorities of the Lancashire Emotional Health and Wellbeing Commissioning strategy. A comprehensive list of expected outcomes was stated in the Service Specification, with the overall outcome expected of the service stated as:

*“To design, deliver and evaluate training courses on the subject of children and young people who self-harm to the local workforce including health, education family and community support groups and leaders of children’s services in order to:*

*•*To reduce the risk of suicide in children and young people

•To address the rate of emergency hospital admissions due to self-harm in young people

•To minimise the risk of escalation to crisis point and the need to more intensive support such as CAMHS

•To improve the understanding within the health sector and other areas including education, CVS of how best to support and signpost young people engaged in self-harm/self-destructive behaviour”

2.4 Harm-ed was tasked with, inter alia, delivering on the following expected outcomes:

* liaising with the CCG Commissioning Manager – CAMHS to identify training dates for staff predominantly from health care. It should be noted that a number of health related services from throughout Pennine Lancashire attended the training; alongside the *social, family and community support* sector.
* managing recruitment of participants including provision of suitable venues;
* delivering training to a minimum of 468 people. Training was delivered within a locality footprint whilst and ensured equitable access across Pennine Lancashire, and should be at least one day’s duration; and
* evaluating the impact of the programme against the expected outcomes.

2.5 There was a further requirement for whole system relationships to be promoted across the different sectors working with CAMHS, and this resulted in harm-ed producing an effective allocations system to ensure that there was diverse representation on each of the training days. Harm-ed produced for the CCG’s Commissioner Lead (referred to hereafter as `CCG’) a breakdown of partners attending each course per sector and per borough in order to demonstrate the spread of organisations receiving self-harm training (see example at 3.26 below).

**3.0 SERVICE DELIVERY**

 ***Suitability of harm-ed as a training provider***

3.1 Harm-ed Limited is a specialist, user-led, self-harm training and consultancy organisation established in 2007. It is a Lancashire based not-for-profit organisation which delivers training on both a local and a national level for partners including social services, schools, colleges, mental health services, young people’s centres, residential children’s homes, homeless organisations for young people and young people’s addiction services.

3.2 Harm-ed has an established team of well-respected trainers who have direct personal experience of self-harm within the care system, within the South Asian community, and arising from personal and professional experience of supporting people who self-harm.

3.3 Much of harm-ed’s work has been with young people’s services and has included delivering training to staff working directly with young people within educational services; ‘care’ settings; health and social care services; the Criminal Justice System; substance misuse services; young people’s homeless services; children’s resource centres and young people’s centres; and South Asian community family support services.

3.4 Harm-ed is regarded as an authority on self-harm and is regularly commissioned to draft public service policy documents relating to self-harm, and has published a number of articles in mental health journals, as well as co-writing books on self-harm.

***Service design and allocation of training places***

3.5 Harm-ed worked collaboratively with the CCG to ensure that coverage of the training courses was as widespread as possible. A `map’ was created of the relevant CYP services within different sectors identified, and harm-ed was greatly assisted by the CCG in identifying and targeting potential participants. A flyer was designed by harm-ed to promote each set of training courses; this was distributed by both harm-ed and the CCG on harm-ed’s behalf. Training courses were also advertised on the Lancashire schools’ portal and the cyp e-bulletin.

3.6 Figure 2 shows the total number of **541** applicants from different sectors

3.07 *Figure 2: Total numbers of applicants*

3.08 Figure 3 (overleaf) shows the breakdown of applications per borough.

 Figure 3: Number of applicants per borough

3.09 Overall, there was a good spread of sectors on the reserve list for each borough which was consistent with the places allocated per borough.

3.10 Harm-ed received a steady stream of applications for training, including some multiple applications per service/organisation. However, over time the marketing met with consistently high but more manageable levels of demand. This is partly due to harm-ed’s greater understanding of the geographical boundaries of Lancashire and a greater awareness of applicants of the limitations placed on the allocation of training places. For example, this set of courses has not attracted the same levels of demand for multiple places, nor such high levels of demand from organisations that do not provide services to or support for CYP as it did in a previous commission which we delivered for Lancashire County Council.

3.11 Following discussions with the CCG’s and from previous experience, it was suggested that a 2 place per service allocation was applied. Throughout the commission some services requested more than two places and where there were any significant ‘multiple place’ requests the CCG was notified. These applicants were invited to complete and return a booking form in order to be placed on the reserve list and that they would be contacted should a place become available at a later date. Only a limited number of completed booking forms were returned.

3.12 Booking forms were sent out to interested parties and, once returned and a place allocated, they were sent a Course Outline; the Learning Outcomes; a compulsory Pre-Course Evaluation Questionnaire; and venue directions. On the booking forms, participants were asked to state their first choice, second choice and third choice of training date/venue.

3.13 As a general rule, participants were ordered based on their first choice of training date/venue. Where this could not be met, due to over-subscription on certain dates, then participants’ second and then third choices were offered. Allocation of training places was also shaped by harm-ed’s `hand-picking’ of participants who would collectively form the most diversely represented groups in order to enhance their learning experience during training (for example, see 3.25). Where multiples from the same service attended on a given date, these were often selected due to the fact that they represented different boroughs.

3.14 If participants were offered a place on a date they had not selected, harm-ed explained the difficulties that had been faced and apologised.

3.15 Applicants who applied for a place after colleagues had attended on behalf of the service were informed that all course dates were now full however they were encouraged to still complete and return a booking form as their name would be placed on a reserve list and they would be contacted in the event of a cancellation.

3.16 There was a higher rate of late cancellations and none attendees in March, in particular the 2nd and 4th March due to snow and was unavoidable. As the weather was so severe it limited people’s ability to travel to the venue.

With the exception of the above Harm-ed tried to ensure that maximum participation was achieved on each course so made the decision to allocate up to 20 participants on each course to allow for some ‘drop-out’. A reminder email was sent to all participants on each course one month before the course date and again 1 week before the course date. These emails also highlighted the importance of participants informing us as soon as possible if they were no longer able to attend so that their place could be offered to a participant on the reserve list. This system proved to be very successful and all later course dates ran with between 16 – 20 participants.

3.17 Throughout the 26 training days a total of 89 people either cancelled or did not attend. People cancelled for a variety of reasons including; student placements ending, change of job, illness, shift changes etc. Where we were notified we tried to offer alternative dates where possible. 0f the 89, 24 of these did not attend on the day. The diagrams (4 and 5) below indicate both the service areas who did not attend on the day a

Figure 4 - Did not Attend – by Sector

 Figure 5 - Did not Attend – by Borough

3.18 As mentioned at 3.12 above, participants were asked to return their Pre-Course Evaluation Questionnaires prior to attending their training. Summaries were produced of the responses to the two key questions asked in this questionnaire (see 3.23 below). These were evaluated and course content further adapted to meet participants’ specific learning needs/expectations. One recurring theme expressed by participants on these forms was an interest in learning more about available local services. From a previous commission, harm-ed produced and distributed to participants a directory of local services using information gained from the local and area offices of CAMHS and ELCAS and contributions from participants who had attended our training. Harm-ed attached a copy of the services booklet to the final pre-course reminder email sent a week before their course to participants. Participants were asked to read through this booklet prior to the course date so that any omissions, additions or amendments could be discussed during the training.

3.19 Following each training course, participants were asked to complete an End-of-Course Evaluation Questionnaire. A summary of quantitative and qualitative data was collated on an Excel spreadsheet, and a breakdown of end-of-course evaluation data was collated for each of the 26 course dates.

3.20 Harm-ed updated the CCG on how each course had evaluated within 24 hours of the course.

***Treating service-users as partners***

3.21 Harm-ed respected the CCG’s desire to treat all service-users as partners of the service and has at all times sought to fully engage partners and involve them in shaping course content in order that the training specifically meets their needs and expectations.

3.22 Great care was taken by the CCG and harm-ed to ensure that a meaningful balance was achieved for each course such that there was both geographical representation and the promotion of whole system relationships across the different sectors of the CYPTW (discussed at 3.13 above). Figures 6 and 7 below are demonstrative of this.

 Figure 6: Chart showing range of boroughs represented at 27th April 2016 training course held in Hyndburn

 Figure 7: range of CYPTW members represented at 30th March 2016 training course held at Blackburn

3.23 One of the ways in which harm-ed was able to involve partners in shaping course content was through their responses to the following two questions on the compulsory Pre-Course Evaluation Questionnaire:

1. *“Please describe any specific issues or areas of concern you have regarding self-harm that you would like to be addressed during the training”;* and
2. *“Please state if there is anything else you hope to gain from this training course”.*

3.24 The responses received were diverse in nature and demonstrated a keen desire amongst partners to improve both their own knowledge and understanding, and the quality and effectiveness of the support they could offer to CYP who self-harm. Furthermore, some responses highlighted the importance of effecting a culture change in the way in which partners perceive the reasons behind CYP self-harming. Below is a sample of responses selected from the Health sector in relation to Question 1.

* *I have some knowledge of the reasons for/factors involved in potential self-harm*
* *I would like to improve my knowledge/skills in addressing this, useful strategies, those that are unhelpful etc*
* *Advice and signposting that I can give to students that are self-harming*
* *Knowing how to approach/deal with an individual who is self-harming, a way to discuss the matter and how to know what is the true reason why they are doing it*
* *It’s more about building on what I know currently and how I can move this forward into being able to support young people further*
* *To feel comfortable in openly discussing this area with me being able to offer an appropriate response*
* *Self-harming behaviours such as what to do in the event that a young person discloses that they have taken an unsafe amount of Tablets*
* *I would find it useful to hear about colleague’s experiences in this area. I am particularly interested in finding more about how to approach the subject matter in sensitive way which would ultimately support the young person involved*
* *Onward support if required for the child/young person and raising safe guarding for young people and how appropriate is the support / advice to be given to parents*
* *My major concern is my ability to offer helpful responses to young people who are self-harming*
* *Although I feel confident in being able to recognise when a young person has self-harmed, I need to enhance my knowledge regarding the services I can refer them to*
* *My concerns are that as services are stretched there is often a waiting list for young people that have been identified as self-harming. The initial responses are so important and families are often left to manage until the treatment/intervention has begun*

3.25 Some cross-sector responses given to Question 2 included:

* *I would really like to gain knowledge and confidence form this training to enable me to support the children and families that I currently support that feel the need to self-harm more effectively”*
* *How to access services and ensuring that patients have some support.*
* *I want to know that I am going to help the young person in the best way I am able to, using the resources and support available.*
* *Confidence in helping young people who may self-harm and how I can highlight the signs of self-harm in my workplace*
* *More knowledge of self-harm and techniques to address self-harm*
* *I want to feel more confident about discussing self-harm with young people who are self-harming and to feel that I am able to help.*
* *More information regarding the signs and symptoms of self-harm and appropriate age services.*
* *Knowledge and skills to support young people and reduce harm. Knowledge and skills to support family/friends.*
* *How to access services and ensuring that patients have some support*
* *I want to know that I am going to help the young person in the best way I am able to, using the resources and support available*
* *Confidence in helping young people who may self-harm and how I can highlight the signs of self-harm in my workplace*
* *A better understanding of triggers and coping mechanisms*
* *I want to feel more confident about discussing self-harm with young people who are self-harming and to feel that I am able to help*

3.26 One of the questions on the End-of-Course Evaluation Questionnaire, which participants were asked to complete before leaving, asked: *In your opinion, do you feel the training met your needs/personal learning objectives?* An analysis of the total responses to this question revealed that 100% of participants who completed the post course evaluations reported that the training had met the needs and personal learning objectives that they had expressed in their Pre-Course Evaluation Questionnaire.

3.27 As will be seen in section 4 of this report, consistently high levels of participant satisfaction with the training have been recorded.

**4.0 QUALITY AND OUTCOMES PERFORMANCE STANDARDS**

**Harm-ed’s performance against activity/process performance indicators**

 ***Production of training delivery plan***

4.1 Discussions between the CCG and harm-ed were arranged prior to all the courses. At each of these discussions the following were agreed.

* Dates of when venues to be booked by
* Dates of when marketing flyers were to be produced
* Dates of when flyers had to be distributed to people on the reserve list
* Dates of when flyers were to be distributed to CYP workforce
* A schedule of performance monitoring via meetings, email and telephone

4.2 Harm-ed successfully met all agreed deadlines for all of the courses and attended all scheduled performance monitoring meetings.

 ***Provision of progress reports***

4.3 Prior to each and every course date, harm-ed submitted a list of participants to the CCG detailing their role, organisation and location.

4.4 Regular contact was maintained with CCG re numbers of participants booking places on courses and numbers allocated to the reserve list.

4.5 Pre-course evaluation form feedback was collated and submitted in order that the CCG could gauge participant expectations from the training. Any specific or unusual issues were drawn to CCG’s attention.

4.6 CCG was provided with a summary of each course’s end-of-course evaluation feedback, plus details of any non-attendees or extra participants attending.

4.7 Any specific issues arising from each training session were raised with CCG and dealt with promptly.

4.8 Copies of feedback received by email were promptly sent to CCG (for examples, see 4.23 and 4.28 below).

4.9 Regular telephone ‘meetings’ took place with CCG where emerging issues were discussed, eg, relating to eligibility, allocation, etc.

4.10 Ongoing email communication took place with CCG regarding any emerging issues that required clarification, eg, eligibility of enquiries; or number and nature of enquiries.

4.11 Interim statistical data was submitted to CCG at performance monitoring meetings. This data included numbers of overall requests for booking forms; number of booking forms received; number of overall participants who had attended training; and breakdown of sectors who had attended training courses.

***Number of training courses delivered***

4.12 A total of 26 training courses, which were delivered in the following locations:

* Burnley – 8 training courses
* Hyndburn – 6 training courses
* Blackburn with Darwen – 9 training courses
* Pendle – 2 training courses
* Rossendale – 1 training course

***Total number of course participants***

4.13 The total of all the commissions was to provide training for a minimum of 390 participants (see 2.4 above). However, harm-ed exceeded this target by 62 by training 452 participants in total. The breakdown of participants receiving self-harm training per training venue is as follows:

* Burnley – 141 participants
* Hyndburn – 111 participants
* Blackburn with Darwen – 149 participants
* Pendle – 32 participants
* Rossendale – 19 participants

4.14 Due to the high levels of demand for this training, it was not possible to accommodate all requests for training. A reserve list was therefore created for those participants who registered an interest for training after all spaces had been allocated, or where it was necessary to place a limit on multiple requests from partner organisations for training. The reserve list currently stands at 21 unmet requests for training (see 3.9 above).

***Number of participants attending by sector/district***

4.15 A full breakdown of participants attending training courses, identifying both sector and district, was produced by harm-ed (see figures 8 and 9 over page). This demonstrates the broad geographical spread per course together with consistent promotion of whole system relationships across the different sectors working with CYP. (see 3.21 above).

*Figure 8 - breakdown of sectors receiving self-harm training.*

**Note** **a chart showing the total number of sectors attending training compared to total number of training places requested per sector is given at figure 2.**

 *Figure 9 - breakdown of participants trained per borough*

4.17 In figure 9, several Boroughs including, Blackpool, Fylde, Bolton, Preston, Chorley, South Ribble and West Lancs do not fall within the CCG’s geographical boundaries. However, participants from these authorities were permitted to attend the training where there was evidence that they supported CYP from within the Commissioning CCG’s footprint.

***Evaluation of the impact that the training has had within schools and with CYP***

4.18 The impact that this training will have on health services and on CYP throughout Lancashire is something that will be evidenced more fully over time, once training has been cascaded down through the various services.

4.19 A recent Impact Assessment Study conducted by harm-ed on behalf of LCC in March 2015 has demonstrated that harm-ed training has had a very positive impact in terms of helping participants to:

* understand the complex nature of self-harm in CYP;
* recognise at an earlier stage risk factors associated with self-harm and signs that a CYP may be self-harming;
* feel more confident in broaching the subject of self-harm with a CYP they suspect of self-harming;
* focus their support on addressing the cause of the self-harm rather than the action itself;
* make more timely and effective referrals; and
* reduce the incidence, frequency and severity of self-harm in CYP.

4.20 The same Study has shown that CYP have also felt the benefits of the support that is now being offered by those who have attended self-harm training; in particular, they have responded very positively to the open, empathic and non-judgmental approaches that are now being adopted by those who attended the training.

4.21 An analysis of the End-of-Course Evaluation Questionnaires illustrates that the training has had an extremely positive impact on those participants who represented health services throughout Pennine Lancashire. Participants from the health sector reported that their needs and personal learning objectives had been fully met by the training, and that they now had an increased knowledge of self-harm; and an increased confidence in the subject area.

4.22 The qualitative data collated from the End-of-Course Evaluation Questionnaires demonstrates very high and consistent levels of satisfaction within health services and other participants representing the health sector. It also demonstrates a clear determination by participants to apply their new knowledge in the workplace. For example, several participants listed these as the most useful aspects of the training:

* *“Knowledge about what self-harm is, how to approach the topic. Better understanding of self-harm and why people use this coping strategy.”* Health Visitor, Rossendale
* *“More information and an insight into mental health and self-harm”* Paediatric Staff Nurse, BwD
* *“Couldn’t be better. An excellent course and delivered in a manner that can be understood by all levels of people's learning”* Clinical Specialist Nurse, Burnley
* *“Working together as teams. Learning more from each other”* HCA, BwD
* *“Not to judge and to listen to patients”* Sister, Hyndburn
* *“How to approach a young person if it is recognised that they self-harm.”* Health Visitor, Ribble Valley
* *“Understanding the reasons and how to support those affected.”* Service Transformation Manager
* *“Recognising that distress cannot be quantified against another's distress”* School Nurse, Rossendale
* *“What the children who self-harm expect from us”* Consultant, Community Paediatrics, Burnley

4.23 Further positive feedback was received post-course from various servises via email. For example:

* *“I just wanted to let you know that I really enjoyed the training yesterday, it’s the best training I’ve attended in a long time.  Satveer’s passion and enthusiasm was great”.* Nurse, LCFT
* *“I found the day useful and I will be speaking with my manager to see if we can arrange anything with you to deliver to the team.”* Senior Nurse Treatment Room St. Peter's Health Centre
* *“Satveer was excellent; one of the best trainers I’ve come across.  She kept the whole room engaged for the full session (which is never easy on a Friday!) and was extremely informative.  I took away more than I envisaged I would, purely based on her delivery of the training”* Child Support Officer, BwD
* *“I wanted to offer you a heartfelt thank you for the training. It was the most useful and practical training I have been on in a very long time and training I know I can put into practice if I needed to”* SENCO, Primary School
* *“Please pass on my thanks to Satveer  for what was possibly the best day's training I have ever attended.... and as I have been in the teaching profession over 28  years, I've attended a lot of training! I will be recommending your training to colleagues; many thanks again.”*  Headteacher, Primary School
* “*The training has really made me think about how I unknowing am more dismissive of some YP who self-harm because other professionals think they are 'just seeking attention' or 'trying to manipulate us'. It has made me re-consider those young people's needs & how I can better support them. It has also made me more aware of a YP who comes to one of my groups – who has self-harmed in the past. I had a conversation withher last night at the Group – and was able to encourage to meet me at our Centre so we could have a 'proper chat'.  She was very grateful for my offer – and If nothing else I at least feel I have done the right thing & hope to continue to do so.”* Young people’s Worker. LCC
* “The training was powerful. The information given has empowered me. The trainer was inspiring, interesting and thought provoking. Thank you for the putting the course together”Team Manager, BPR Dom Services
* *“Thanks very much – very insightful training experience – we need it repeating over and over to embed – be good if short top up sessions offered as part of team meetings perhaps – not sure how idealistic this is – but it would be good practice”* WPEH, LCC

**Harm-ed’s performance against quality/outcomes performance indicators**

 ***Comparing actual outcomes against target outcomes***

4.24 The CCG set a number of quality and outcomes performance indicators against which harm-ed collated quantitative and qualitative data from End-of-Course Evaluation Questionnaires. These quality and outcomes performance indicators were based on the number of End-of-Course Evaluation Questionnaires completed. It should be noted that 445 out of 453 participants completed their End-of-Course Evaluation Questionnaire

4.25 Harm-ed have produced a breakdown for the CCG’s of all outcomes achieved against targets, together with qualitative data collated, for each course run.

4.26 Figures 10 and 11 (below) show that, against each and every performance indicator, harm-ed has exceeded targets set – in most cases achieving 100% against target outcomes.

Figure 10 - Harm-ed's performance against target outcomes

|  |  |  |
| --- | --- | --- |
| **Outcome** | **Target** | **Actual** |
| *% of courses that run at full capacity (i.e. 15 participants)**\*Excluding 4th March which was wgere attendanve was severly affected by snow* | 95% | 96.15% |
| *% of total training places offered that are filled* | 95% | 100 |
| *% of service users completing post course satisfaction survey* | 95% | 97.56% |
| *% that report training as meeting their needs (of those that complete the post course satisfaction survey)* | 95% | 100% |
| *% that rate the training as being excellent or good (of those that complete the post course satisfaction survey)* | 95% | 100%  |
| *% of participants who report increased knowledge*  | 95% | 100% |
| *% of participants who report increased confidence in subject area*  | 95% | 100%  |
| *% of participants who report increased confidence in their ability to support young people* | 95% | 100% |
| *% of participants who report increased knowledge of local services*  | 95% | 100% |

Figure 11 - Harm-ed's performance against target outcomes

**Notes:**

4.27 Overall, 431 (95.14%) of participants described the training as “excellent”.

***Impact of training on staff working within CYP services***

4.28 The above performance data supports the fact that the self-harm training delivered by harm-ed Limited has had a significant and positive impact on all members attending. Further evidence of this can be seen in a small selection of the many positive feedback comments that have been either left on completed End-of-Course Evaluation Questionnaires or sent post-course by email:

* *“I loved the training, one of the best I have attended for a long time*” Family Support Worker
* *“The course was extremely beneficial to me and with the knowledge I have learned I will know what to do when presented with a child who is self-harming, so thank you*” PC 394 Wall
* “*I completed and evaluation form yesterday but I just wanted to say the training yesterday was excellent, both the content and Satveer’s delivery was fantastic*” Student Support & Child Protection Manager
* “*Many thanks, can I just say what a fantastic course this was led by Satveer. I learnt loads and had my eyes opened wide as I had pretty vague ideas and limited knowledge around this area*” HLTA, Crosshill School
* “*can I just say how much I enjoyed the study day. Satveer was a fantastic trainer and made the day exceptionally interesting”* Staff Nurse, Paediatric A+E, Royal Blackburn
* *“Just wanted to send you a quick message to say thanks for the opportunity to experience this training.  It was fantastic.  A difficult subject handled in a sensitive but enjoyable way.  Your trainer was totally inspirational and she gave a unique insight into self-harm”* Young People's Worker, Wellbeing, Prevention and Early Help Service
* *“Thank you so much for the attached information Terri. I really enjoyed the course and have since reflected on self-harm cases I have held in the past and how I needs to pay more attention to the family members and the information they would benefit from. It was a very interesting day and a lovely location to enhance the learning. I have recommended the training to my colleagues.”* Senior Support Worker, Pendle Children Social Care
* *“Thanks for the resources, can I also just say I absolutely loved the training on Friday, I thought Sat’s style of delivery was fab and I’ll be recommending this course to everyone, loved it !!!!”* Waking Watch / Nights, Blackburn with Darwen
* *“I just want to say thank you so much for this wonderful course. From start to finish, it was so insightful and I felt I learnt so much in just one day. Satveer was our trainer and she was absolutely brilliant, she was so relatable and personable and the things she talked about were completely compelling, inspiring and educational. I now feel I have a real understanding behind self-harm and feel I now have much more confidence and empathy when dealing with the children/young people I support*.” Children and Young Peoples Domestic Abuse Support Worker, Women’s Refuge
* “*I just wanted to further follow up from my course* *evaluation which I completed on Friday just to emphasise how much I enjoyed the training. Satveer was excellent; one of the best trainers I’ve come across.  She kept the whole room engaged for the full session (which is never easy on a Friday!) and was extremely informative.  I took away more than I envisaged I would, purely based on her delivery of the training”* Child Support Officer**/**Disabled Facilities Grant Coordinator
* *Please pass on my thanks to Satveer for what was possibly the best day's training I have ever attended.... and as I have been in the teaching profession over 28 years, I've attended a lot of training! I will be recommending your training to colleagues; many thanks again”* Headteacher, Clitheroe Pendle Primary School
* *“Thank you for the Resource Pack and my certificate, the training was fantastic and it was a thoroughly enjoyable day.”* Family Support Worker, Home-Start

***Value for money***

4.29 Efforts were made throughout this contract to keep costs to a minimum. Although the CCG booked initial rooms at Burnley and Blackburn office, other venues had to be used for the training courses, those which could offer free or low cost options were approached first. However, the multi-agency nature of the participants made this option non-viable.

4.30 The combined contract prices was £69,980, with a target of training a minimum expectation of 390 (15 per course) participants on at least 26 different training days. Based on these targets, the cost per head would be as follows:

|  |  |  |
| --- | --- | --- |
| **Cost of service** | **Expected participants trained** | **Cost per head** |
| £42,750 | 390 | £109.61 |

Figure 10 – cost of training per head under initial contract price

4.31 To take account of historic evidence of non-attendance (estimated at 20%), and to fully utilise each course to meet the high levels of demand, harm-ed operated an over-booking system. This resulted in some of the 26 courses being over-subscribed. All courses (with the exception of the ones affected by snow) had between 15 and 20 participants (average of 17.38) and harm-ed bore the additional subsistence costs involved.

4.32 As a total of **452** participants received training in total, this meant that the cost per head was **£94.57** representing a saving per head of **£15.04**. Had the cost per head in figure 10 been applied for all **452** participants trained, then this would have cost **£49,543.72**, representing **15.89%** more than the total funding for this service. This therefore represents excellent value for money in terms of public expenditure.

4.33 If we break this down further we can see that Blackburn with Darwen CCG contributed **£15,000** which if charged at **£109.61** per head would have trained for **137** people. At the cost of £**100.67** per head, **149** participants were able to attend.

 Similarly, East Lancs CCG contributed **£27,750** which enabled **303** participant to access training. Again, with Harm-ed absorbing the cost this brought the average cost down to **£91.58** per head

4.34 If, as is expected, the training received is now cascaded down through the different organisations attending, then the number of CYP workers indirectly benefiting from the knowledge being shared and procedures being established as a result of the self-harm training will expand, making the ultimate cost per head minimal.

4.35 in addition to the 26 days commissioned Harm-ed facilitated 2 additional sessions aimed at GP’s in line with GP’s protected learning time. An initial meeting was held on 25th January 2016 with Dr Stephen Gunn and Hannah Sellers. In the meeting it was agreed to hold a 75-minute briefing session on the 17th March at the Dunkenhalgh Hotel for GP’s primarily, but not exclusively from Blackburn with Darwen was delivered to approximately 150 primary care staff in ‘protected learning’ time.

Due to the number of attendees and length of session, no formal evaluation forms were used but verbal feedback received on the day was very positive.

4.36 A second, full day session on the 6th April was offered at Walshaw House in Nelson. Unfortunately, and because the date was chosen in January, this date conflicted with the national junior doctors strike which had not been foreseen by any party. This had a massive impact in attendance as staff were covering for colleagues in their respective services affected by the strike. However, from those that did attend:

* 100% of attendees completing post course satisfaction survey
* 100% that reported training had meeting their needs
* 100% that rate the training as being excellent or good
* 100% of participants who report increased knowledge

**5.0 RECOMMENDATIONS**

**The recommendations are provided as an indication of opportunities that appear to exist to improve awareness of self-harm**

5.1 Feedback from both individual and organisations frequently identifies a need for more people within schools or organisations to access self-harm awareness training. One service provider recommended refresher days too.

5.2 The Royal College of Psychiatrists recommends that schools promote resilience in young people to prevent self-harm, ensuring that bullying is dealt with and an inclusive and peer supportive approach is encouraged. It recognises that school staff feel unskilled and unsupported and recommends that schools prioritise self-harm training along with other mandatory training (Royal College of Psychiatrists, 2014)

5.3 To offer a further set of courses to accommodate the minimum of **31** people already on our waiting list.

5.4 As there has been an interest and people attending training from across Lancashire and the surrounding districts, in particular Preston it would be good if the Blackburn with Darwen and East Lancs CCG's could share the outcome and this report with colleagues from across County as it suggests that there is a need for it.

5.55 A need facilitate dialogue and training within sports and culture groups. This would enable:

* A much wider awareness to staff who work with CYP in non-educational, residential or health setting where the young person might feel more comfortable because it’s a place where they choose to be as opposed to have to be at.

## Lancashire JSNA - **Suicide and self-harm.** Suicide remains a major public health issue and is a devastating event for families and communities.

* In Lancashire approximately three-quarters of suicides were male (2010-2014)
* During 2010-2014 men aged 30-49 formed the highest proportion of deaths from suicide and injury undetermined
* Lancashire's mortality rate from suicide and injury undetermined is significantly higher than the national.
* Self-harm can be the result of a wide range of psychiatric, psychological, social or physical problems.
* Self-harm can be a risk factor for subsequent suicide.
* Lancashire's rate of emergency hospital admissions for intentional self-harm is significantly above England's average.

Dialogue or intervention at an early stage can potentially reduce long term outcomes. Targeting predominantly male orientated sports or clubs can not only offer awareness to staff but can equally offer reassurance to CYP that help and support is available to them everywhere, therefore enabling interventions to take place much sooner.