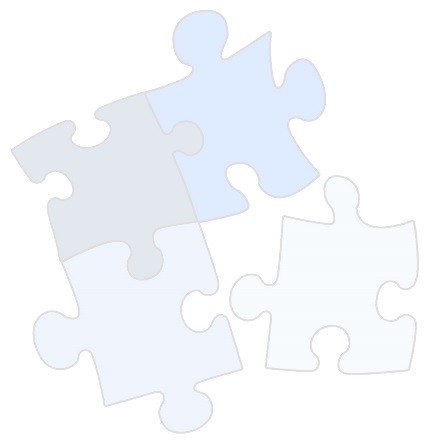
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**SELF-HARM TRAINING**

**COMMISSIONED BY LANCASHIRE COUNTY COUNCIL’S**

**CHILDREN AND YOUNG PEOPLE’S**

**INTEGRATED HEALTH TEAM**

**EVALUATION REPORT**

**1st Commission: August 2014**

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**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 take 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:

*'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 In September 2013, a Joint Strategic Needs Assessment found that in 2011/2012 Lancashire ranked as one of the top 20% authorities in terms of high numbers of hospital admissions resulting from self-harm (391 emergency hospital admissions each year due to self-harm amongst children and young people aged 0-17 in Lancashire-12). The rate of 160.5 admissions per 100,000 population was significantly worse than the rate across England (28% higher), and higher than the regional rate.

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 children and young people 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, children and young people 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 children and young people 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 Board 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**

***Lancashire County Council’s strategy for tackling self-harm in CYP***

1.8 In order to address the serious issues of self-harm in children and young people (CYP) in Lancashire, and with the aim of reducing the incidence of suicide in this high risk group, Lancashire County Council’s Children and Young People’s Integrated Health Team put out to tender a comprehensive self-harm training programme across the whole of Lancashire. Following its successful tender, Harm-ed Limited was commissioned to undertake this work in line with the terms stated in LCC’s Service Specification.

1.9 The Children and Young People's Integrated Health Team (since renamed Prevention and Early Help Service) was responsible for overseeing this service and for providing strategic direction, support and challenge to this commissioning arrangement. The commission provided for fortnightly progress updates to be provided by Harm-ed; monthly monitoring returns and attendance at monthly monitoring meetings.

**2.0 SERVICE DESCRIPTION**

2.1 The overall aim of this service was to design, deliver and evaluate a minimum of 10 full day training courses on the subject of children and young people who self-harm to members of the Children, Young People’s Trust Workforce (CYPTW) across Lancashire. Members of the CYPTW include the voluntary sector and cover eight 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.

2.2 One of the core objectives of the service was to deliver the training “across Lancashire ensuring equity of access and an even representation of the workforce” and one of the key outcomes was to ensure that participants were made aware of services which could be accessed locally throughout Lancashire in order to provide effective support to children and young people who self-harm. This therefore required a county-wide approach to the delivery of self-harm training.

2.3 The service was designed so as to contribute to the priorities identified in 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:

*“members of the children, young people and families workforce are equipped with the knowledge, skills and confidence they need to support young people who self harm through the delivery of face to face training”*

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

* liaising with the Social Care Development Officer to identify training dates for staff from residential children’s homes. It should be noted that a number of residential children’s homes throughout Lancashire attended the training; these were grouped into the *social, family and community support* sector;
* managing recruitment of participants including provision of suitable venues;
* delivering training to a minimum of 150 people (maximum of 15 participants per course). Training was to be delivered within a locality footprint whilst ensuring equitable access across 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 of the CYPTW, 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 LCC 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 4.16 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 LCC to ensure that coverage of the training courses was as widespread as possible. A `map’ was created of the relevant CYP services within the eight sectors identified, and Harm-ed was greatly assisted by LCC in identifying and targeting potential participants. A flyer was designed by Harm-ed to promote the training courses; this was distributed by both Harm-ed and LCC on Harm-ed’s behalf. Training courses were also advertised in the CYP Trust e-bulletin and on the Lancashire schools portal.

3.6 LCC and Harm-ed discussed the viability of holding specific focussed training courses, for example for CYP with learning/physical disabilities; South Asian communities, and looked-after children. High levels of demand for training indicated that such a strategy would limit the take-up levels of training and would also counter the multi-agency objective of the training.

3.7 Care was taken to ensure that each training course represented the diversity of the services supporting CYP and care was also taken to provide a mix of boroughs to facilitate the sharing of good practice/networking. This was achieved for all courses with the exception of 3 July which was planned with a more specific focus on self-harm relating to children within the care system resulting in a narrower range of services being drawn from. The rationale behind this was due to there being sufficient demand from services which looked after CYP within a care setting and due to recognition of the support they would be able to gain from sharing their experiences and a more in-depth exploration of the specific issues faced within this setting. See figures 1 and 2.

Figure 1 - training for partners supporting children within the care system

Figure 2 - boroughs represented at course focussed on partners supporting children in care

3.8 The initial response to marketing was immediate and substantial, with high numbers of telephone enquiries and emails requesting booking forms (approximately 30 and 80 per day respectively). In total, 820 requests for training places were made, 117 of which were identified as ineligible - mainly by reason of location, or being adult service providers. Clarity needed to be sought, in particular relating to unitary authorities such as Blackpool and Blackburn with Darwen which, although within Lancashire, did not fall under LCC. Only those applicants whose roles entailed providing services or support to CYP within LCC were eligible to attend the training courses.

3.9 Within the first 5 days of the contract’s commencement, it became evident that the demand for places was going to significantly exceed the number of places available. Harm-ed and LCC collaborated to produce strict guidelines for the allocation of training places, with priority being given to organisations which worked with CYP who were self-harming. . As a general rule, it was decided that only one place per course per service could be offered. Greater leniency was extended to services which were regarded as `county-wide’.

3.10 Many organisations made multiple requests for training places which, due to levels of demand and the need for diversity of representation, could not be met. Such organisations were restricted to one place per service. See figure 3 for list of organisations requesting multiple training places.

Figure 3 - Organisations requesting multiple training places

LCC have identified that there may be sufficient demand within these organisations for them to organise their own in-house training. By allocating limited spaces only per organisation/borough, the expectation is that key information/knowledge gained during the training will be cascaded down within each organisation.

3.11 Those organisations that had already submitted multiple applications before this restriction was put in place were contacted by Harm-ed and asked to nominate one participant for training, and one participant for the reserve list. Where organisations did not respond with this information, training places and reserve list places were allocated on a `first come, first serve’ basis.

3.12 There remain 66 participants on the reserve list, representing the following services:

Figure 4 - number of reserve places per sector

Where organisations have several names listed on the reserve list, this reflects the fact that they are county-wide services and that participants represent different boroughs of Lancashire. Figure 5 shows the breakdown of reserve places per borough.

Figure 5 - number of reserve places per borough

3.13 It soon became clear to LCC that additional courses to the 10 planned would need to be arranged and therefore, in addition to the two extra courses that Harm-ed organised within the contract price, LCC commissioned three further training dates from Harm-ed.

3.14 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.

3.15 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. Where multiples from the same service attended on a given date, these were often selected due to the fact that they represented different boroughs.

3.16 Harm-ed became aware of some services who were facing urgent issues relating to CYP self-harm and were unsure of how to deal effectively with these issues. This information came to light on returned booking forms, or during initial telephone or email enquiries. The decision was taken with LCC that priority would be given to placing such participants on early training courses.

3.17 On a number of occasions, Harm-ed was unable to meet the preferred choices of participants relating to training date/venue. In situations where participants were offered a place on a date they had not selected, Harm-ed explained the difficulties that had been faced and apologised, inviting the participant to discuss any difficulties with Harm-ed.

3.18 Those participants who could not be offered a place were contacted and offered a place on the reserve list should a place become available.

3.19 One week before each training course, Harm-ed contacted participants via email to confirm their attendance. Any participants who were offered a place but were unable to attend were then invited in the first instance to find another substitute participant from within their organisation (40 such substitutes attended training; these were recorded on a Participant Tracker Report). When no substitute was put forward, a participant from the reserve list was invited to attend, based on their `best fit’ from a multi-agency perspective for the training day in question.

3.20 As mentioned at 3.14 above, participants were asked to return their Pre-Course Evaluation Questionnaires prior to attending their training. Summaries were produced of the two key questions asked in this questionnaires. 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. As a result of this, Harm-ed and LCC contacted the local and area offices of CAMHS and ELCAS to request information about local services. As these contacts were unable to provide any details of any services, Harm-ed offered to collate a list, drawing on information gained during the training. On each course, participants were asked to identify any relevant services they were aware of and a note was made of these services. Harm-ed used this information to develop a booklet which will be distributed to all the participants who attended the training.

3.21 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 15 course dates.

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

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

3.23 Harm-ed has respected LCC’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.

3.24 Great care was taken by LCC 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. For example, see figures 6 and 7 below.

Figure 6 - range of boroughs participating in 13 May training course

Figure 7- range of CYPTW members represented at 13 May training course

3.25 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”.*

3.26 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 Education sector in relation to Question 1.

* *A lot of pastoral staff/1st aider time is taken up with these students and trying to help them and their parents/carer’s and need new ideas or contacts to help us do this better and more effectively.*
* *How best to cope with the domino effect of different pupils self-harming within school.*
* *How best to support self-harming pupils with the demands and pressures of GCSEs.*
* *We have a pattern where a number of students (girls) appear to be being peer led and persuaded to self-harm to become part of a ‘group’ As professionals within the school trying to support these students we are finding it increasingly difficult to support any positive solutions to this behaviour as there doesn’t appear through sessions to be any significant reasons for the harm other than fitting in with friendships.*
* *Over the past few months I have been trying to deal with several students who are self-harming in various ways. When trying to ‘console’ them I feel I am going over the same old ground continuously. I would like to offer other strategies and know of other agencies/professionals who I can call upon for help/support to both my student and myself. At present I am only aware of CAMHS.*
* *Self harming issues for students with Special Educational Needs is a priority for me and little information seems to be available in this area.*
* *The increase in frequency and how social media have influenced young people i.e. Justin Bieber thing recently ‘self-harm for justin’*
* *How can I educate/train staff on the signs/reasons and methods of help for our learners*
* *High proportion of 12-14 year olds in my school seem to be doing this and then publicising it via Instagram/snap chat, not embarrassed about showing scars but then other times will cause a scene in order to cover up. None of these young people seem to understand the consequences of their actions for now and later life.*
* *I would like to gain a better understanding of the types of therapy used by the specialist services and how we can improve support within our school environment. Also if there is any literature or information packs for parents who also need support with this type of issue.*
* *Current rules/regulations relating to how to broach/ask a student/adult about self- harm/are they self-harming within a school setting.*
* *Current rules/regulations on informing parents where a student informs you they are self- harming/suspect they may be.*
* *As a School Nurse I would like more information on how I can help the young person whilst waiting for specialist services.*

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

* *Further signposting and managing parental responses*
* *Awareness on the signs and a more supportive way in dealing with issues around self – harm.*
* *A better understanding of issues surrounding self-harm and sharing of good practice within the local education areas from other institutions on how to address it.*
* *Just more indepth information into young people and signs, triggers and services available that would help our service to identify and support them with self harm issues*
* *Better tips and ways of helping these young people cope as the waiting times for CAMHS appts. is very lengthy in the Morecambe/Lancaster area*
* *A more in-depth knowledge and better understanding of how and why children and young people self-harm.*
* *An awareness of the statistical evidence for self harm rates in different groups of people*
* *Enable myself to build confidence on broaching self harm with young people, and further my knowledge in self harm awareness.*
* *To take any knowledge back to my team and share it with them*

3.28 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 all but 2 of the 265 participants (99.2%) reported that the training had met the needs and personal learning objectives that they had expressed in their Pre-Course Evaluation Questionnaire.

3.29 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 The proposed training delivery plan provided in the initial tender formed the basis of further discussion during the initial meeting on 17 February where the following deadlines were agreed:

• Venues to be booked by 28 February

• Marketing flyer to be produced by 7 March

• Flyer to be distributed by 11 March

• A schedule of performance monitoring meetings was agreed

4.2 Harm-ed successfully met all agreed deadlines 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 detailing their role, organisation and location.

4.4 Regular contact was maintained with LCC re numbers of participants booking places on courses and, due to high demand, it was agreed that extra training days would be run.

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

4.6 LCC 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 LCC and dealt with promptly. For example, negative comments received on 11 June’s course were investigated, and low turn-out on 15 June was discussed to identify any potential causes in order to avoid a recurrence.

4.8 Copies of feedback received by email were promptly sent to LCC.

4.9 Regular telephone `meetings’ took place with LCC where emerging issues were discussed, eg, relating to eligibility, allocation, and issues such as the development of contingency plans around the UNISON and NUT strike day.

4.10 Ongoing email communication took place with LCC 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 LCC on request, eg, on 10 April, statistics were submitted, for LCC to present to a forthcoming Emotional Health and Wellbeing Meeting, showing number of enquiries; number of booking forms sent to potential participants; booking forms completed and returned; training places allocated, etc.

***Monitoring meetings attended***

4.12 Monitoring meetings were attended at LCC premises from 10-12 on the following dates:

• 17 February 2014

• 25 March 2014

• 6 May 2014

• 9 June 2014

* 1 July 2014
* 5 August 2014

***Number of training courses delivered***

4.13 The initial commission was for a total of 10 training courses. However, due to high levels of demand, a further 3 courses were commissioned by LCC on 26 March. Harm-ed subsequently took the decision to deliver, at the company’s own cost, 2 further training courses, bringing the total training courses delivered by Harm-ed to 15. These 15 courses were delivered in the following locations:

* Burnley – 4 training courses
* Preston – 4 training courses
* Chorley – 5 training courses
* Lancaster – 2 training courses

***Total number of course participants***

4.14 The initial commission was to provide training for a minimum of 150 participants (see 2.4 above). The second commission for 3 further courses allowed for 45 more training places, bringing the total target for participants to be trained by Harm-ed to 195. However, Harm-ed exceeded this target by 36%, training 265 participants in total. The breakdown of participants receiving self-harm training per training venue is as follows:

• Burnley – 72 course participants

• Preston – 70 course participants

• Chorley – 90 course participants

• Lancaster – 33 course participants

4.15 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 66 unmet requests for training (see 3.12 above).

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

4.16 A full breakdown of participants attending training courses, identifying both sector and district, was produced by Harm-ed (see figures 8 and 9 below). This demonstrates the broad geographical spread per course together with consistent promotion of whole system relationships across the different sectors of the CYPTW (see 3.24 above); the only exception was the course delivered on 3 July 2014 which had a more specific focus, ie, on supporting CYP within a care setting (see 3.7 above).

Figure 8 - breakdown of sectors receiving self-harm training

Figure 9 - breakdown of participants trained per district

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

4.17 The impact that the training will have on schools 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 (see final point of 3.27 above as evidence of participants’ intention to cascade training).

4.18 An analysis of the End-of-Course Evaluation Questionnaire illustrates that the training has had an extremely positive impact on those participants who represented schools throughout Lancashire. Not only did 100% report that their needs and personal learning objectives had been fully met by the training (see 3.25 to 3.28 above), but all schools attending the training also reported having increased knowledge of self-harm; increased confidence in the subject area; and increased confidence in being able to support young people who self-harm.

4.19 The qualitative data collated from the End-of-Course Evaluation Questionnaires demonstrates very high and consistent levels of satisfaction within schools and other participants representing the Education sector. It also demonstrates a clear determination by participants to apply their new knowledge in the workplace. For example:

* *One of the most useful courses I've attended in years! Enthusiastic trainers, broad knowledge, insights from a service user - really helpful! Not the usual bog standard train the trainer course. Excellent!* (CPO/Inclusion Manager, College)
* *Given me the knowledge to support staff and families as well as the young people when discussing this subject* (Pupil Support Officer, Secondary School)
* *Couldn’t be better. An excellent course and delivered in a manner that can be understood by all levels of people's learning* (Assistant Manager, ACERS)

4.20 Further positive feedback was received post-course from schools via email. For example:

* *Thank you ever so much for your wonderful training session yesterday. So many times have I been to training sessions and come away deflated as I’ve felt no real benefit to attending, but yours was amazing. Both you and Satty delivered the session with such passion and knowledge it was unreal. It made a massive impact on me having real life experiences to draw from, rather than anecdotal evidence or text book facts. The whole layout of the day was spot on and flowed seamlessly. I found the session about what we did to relieve stress after a ‘crappy day’ brilliant and it’s really stuck in my mind and altered the way I perceive self-harm. We’re looking at giving an INSET to staff to raise their awareness and give advice on responses to pupils. You must be very proud to have developed something so beneficial to others and so worthwhile. Thank you.* (Pupil Inclusion Co-ordinator, secondary school)
* ***I just wanted to sincerely thank both Terri and Sat for such a worthwhile training session on Friday.  The advice provided should really support the young people with whom I work.  Prior to Friday’s training I felt that it was my job to try to stop pupils self harming; now I understand that my main focus must be to support pupils.* (Pupil Support Mentor, secondary school)**

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

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

4.21 LCC 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 all 265 participants completed their End-of-Course Evaluation Questionnaire.

4.22 Harm-ed produced a breakdown for LCC of all outcomes achieved against targets, together with qualitative data collated, for each course run.

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

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

|  |  |  |
| --- | --- | --- |
| **Outcome** | **Target** | **Actual** |
| *% of courses that run at full capacity (i.e. 15 participants)* | 95% | 100% |
| *% of total training places offered that are filled* | 95% | 100% \* |
| *% of service users completing post course satisfaction survey* | 95% | 100% |
| *% that report training as meeting their needs (of those that complete the post course satisfaction survey)* | 95% | 99.2% |
| *% that rate the training as being excellent or good (of those that complete the post course satisfaction survey)* | 95% | 99.2% \*\* |
| *% of participants who report increased knowledge* | 95% | 100% |
| *% of participants who report increased confidence in subject area* | 95% | 99.6% |
| *% 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% | 96.6% \*\* |

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

**Notes:**

**\*** Each of the training courses was initially booked to maximum capacity. Across the full range of courses, 41 participants cancelled and substitutes were sent in their place. On the day of the courses, a total of 16 participants did not show up and therefore Harm-ed were not given the opportunity to send replacement participants. On the following dates, 3 participants did not show up (16 June, 3 July); and on each of the following dates, 2 participants did not show up (23 June, 10 July).

**\*\*** Against this outcome, the 2 (out of 265) participants who did not rank the training as “good” or “excellent” in fact rated it as “satisfactory”.

**\*\*\*** Most of the 9 participants who either left this question blank or responded “no” made a note to acknowledge that the trainer had advised them that a list of local services per borough would be distributed at the end of the course. This list has now been compiled by Harm-ed Limited.

4.24 Overall, 239 (90.2%) of participants described the training as “excellent”.

***Impact of training on CYPTW members***

4.25 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 CYPTW 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:

* *This has been the best and most empowering training that I have ever been on! Well done!* (Social Worker, CYP Services)
* *The whole course was structured in a way that really made me think and totally changed my attitude* (Lancs Constabulary, Revolution Officer)
* *I found the course to be well planned, thought-provoking and met and exceeded my expectations* (Social worker, LCC)
* *Faultless. A superb training day. Brilliantly presented. Very beneficial* (Counsellor)
* *Fantastic training course, really interesting and informative. Powerful delivery. Thank you!* (Independent Reviewing Officer, LCC)
* *Totally changed my perception of the term 'attention seeking'* (Support Worker, Children’s Social Care)
* *For the first time I have an actual understanding of self harm and how to deal with it.* (Foster Carer LCC)
* *I was blown away by the content and the quality of the course, I think it is amazing that you share such personal experiences which makes the course a lot more real than other courses* (RCCW, Children’s Home)

***Value for money***

4.26 Efforts were made throughout this contract to keep costs to a minimum. Although LCC venues were to be used for the training courses, those which did not charge were approached first. However, the multi-agency nature of the participants made this option non-viable.

4.27 The original contract price was £23,000 with a target of training a minimum of 150 participants on at least 10 different training days. Based on these targets, the cost per head would be as follows:

|  |  |  |
| --- | --- | --- |
| **Cost of service** | **Total participants trained** | **Cost per head** |
| £23,000 | 150 | £153.33 |

Figure 11 – cost of training per head under initial contract price

4.28 A further three courses were commissioned to cope with high levels of demand. Because much of the preparatory work had already been carried by Harm-ed, it was able to offer these courses at a very competitive rate proportionately. On the basis of the additional course fee, and by performing a pro rata calculation relating to number of participants trained, the cost per head was calculated as:

|  |  |  |
| --- | --- | --- |
| **Cost of service** | **Total participants trained** | **Cost per head** |
| £4,080 | 45 | £90.66 |

Figure 12 – cost of training per head under second LCC commission

4.29 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 all but three training courses (ie, 12) being over-subscribed. Harm-ed bore the additional subsistence costs involved.

4.30 Harm-ed also provided a further two training courses, at no additional cost to LCC, in an attempt to meet the high levels of demand. Figure 13 below shows the actual cost per head based on the full funding received by Harm-ed from LCC and the total number of participants trained:

|  |  |  |
| --- | --- | --- |
| **Cost of service** | **Total participants trained** | **Cost per head** |
| £27,080 | 265 | £102.19 |

Figure 13 – actual cost per head based on full funding received from LCC and total number of participants trained

4.31 Had the cost per head in figure 9 been applied for all 265 participants trained, then this would have cost £40,632.45, representing 50% more than the total funding for this service. This therefore represents value for money in terms of public expenditure.

4.32 If, as is expected, the training received is then cascaded down through the different organisations attending, then the number of CYPTW members 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.