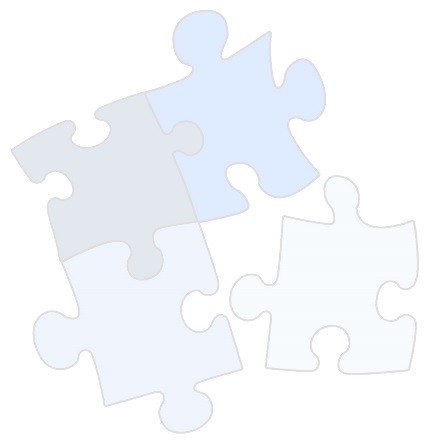
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**SELF-HARM TRAINING**

**COMMISSIONED BY LANCASHIRE COUNTY COUNCIL’S**

**POLICY INFORMATION AND COMMISSIONING TEAM – START WELL**

**COMBINED EVALUATION REPORT**

**April 2014 - December 2015**

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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 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 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.

1.8 In March 2014, Lancashire County Council (LCC) commissioned harm-ed Limited (harm-ed) to deliver 10 training courses relating to CYP who self-harm to members of the CYPTW across Lancashire. Due to high levels of unmet demand for training places, harm-ed voluntarily ran 2 further training courses under this contract and LCC then commissioned harm-ed to deliver a further 3 training courses. In total, 265 participants attended these 15 courses (collectively referred to throughout this report as `the first commission’). After the successful completion and the identified need for further training coursed harm-ed was commissioned for a second time to deliver a further 10 courses for a minimum of 150 people which subsequently enabled an additional 172 participants to attend the course.

A third commission for an additional 10 courses was again commissioned to run between May and December 2015 with the prerequisite of training a minimum of 150 people. Harm-ed was able to deliver training to 178 participants at no extra cost. This meant that in total 615 people had accessed the training.

**Development of Self-Harm Training Programme**

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

1.9 In order to address the serious issues of self-harm in CYP (CYP) in Lancashire, and with the aim of reducing the incidence of suicide in this high risk group, and following the success of the previous 2 commissions, LCC’s Policy, Information and Commissioning Team – Start Well put out to tender its third comprehensive self-harm training programme across the whole of Lancashire in March 2015. Following its successful tender, harm-ed was commissioned to undertake this work in line with the terms stated in LCC’s Service Specification (see 1.8 above)

1.10 LCC’s Policy, Information and Commissioning Team – Start Well was responsible for overseeing this service and for providing strategic direction, support and challenge to these commissioning arrangements. Throughout the three commissions, harm-ed provided LCC with frequent progress updates, as well as monthly monitoring returns and attendance at regular monitoring meetings.

**2.0 SERVICE DESCRIPTION**

2.1 The overall aim of the service was to design, deliver and evaluate a total of 35 full-day training courses between April 2014 – March 2016 on the subject of CYP who self-harm to members of the Children and Young People’s Trust Workforce (CYPTW) across Lancashire. Members of the CYPTW include the voluntary sector and cover in total ten 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 CYP 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*

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 per commission (plus an extra 45 in the first commission). Training was 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’s Commissioner Lead (referred to hereafter as `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 example at 3.25 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 different 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 each set of 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 On the second and third commission there were participants on the reserve list from previous contracts. These participants were prioritised in terms of being offered places on the new course. Two weeks before ‘marketing’ the new dates, all the participants on the reserve list were contacted and invited to apply for a place on one of the newly commissioned courses. In total 79 ‘reserve list’ applicants were allocated places on subsequent courses, though not everyone took up these places and attended the course. Of the 12 that cancelled their place, they gave various reasons but usually that work commitments meant they could no longer attend. Similarly, reasons for the low take-up (67) of training places include applicants being no longer in post or on long-term absence from office resulting in non-delivery of emails; participants no longer requiring a place following the cascading of information by previous training partners within the organisation or a subsequent request by the organisation for their own in-house self-harm training.

3.7 From the reserve list from the first two commissions, harm-ed and LCC allocated 79 training places. Figure 1 shows a breakdown per sector of the reserve list training partners attending one of the additional 20 commissioned training courses.

Figure : Breakdown of participants per sector who attended training from reserve list

3.8 Care was taken at all times 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.

3.9 Figure 2 shows the total number of 109 potential participants from different sectors that have been added to the reserve list.

*Figure 2: Total numbers of potential applicants on reserve list due to excess in demand for places.*

3.10 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.

3.11 Figure 3 (overleaf) shows the breakdown of reserve places per borough.

Figure : Number of applicants on reserve list, per borough

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

3.13 Initially harm-ed met with an overwhelming deluge of applications for training, including multiple applications per service/organisation, over time the marketing has been 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 series 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.

3.14 Because 25 courses had already been delivered, the level of demand on the last commission was expected to be lower than previous ones. However, by the end of April, it soon became apparent that the level of demand would significantly exceed the number of places available. Following a telephone discussion with LCC on May 2nd 2015, it was agreed that a maximum limit of 2 places per service to be applied. This new ‘system’ was followed for 4 weeks until it became evident that further restrictions would have to be applied because of the continued high level of demand. Initially only one place per service who met this criterion was offered although discretion was applied for applicants from the same service but performing different roles or for applicants from ‘larger services’ e.g. a primary school to be allocated one place whilst a larger secondary school allocated 2 places. In the event of a late cancellations and places becoming available on a course the reserve list was used to ‘fill’ these places. Because of previous difficulties in applicants not being able to attend at short notice, it was decided to focus on applicants who had identified that particular course date as their preferred date to attend. This meant that occasionally further places were given to services who had already exceeded the maximum quota.

3.15 Throughout the three commissions some services requested a few places, where there were any significant ‘multiple place’ requests LCC were notified. For example, from North West Community Services Limited who requested 11 places. Due to this being a service which supports adults who self-harm, without any confirmed support being given to CYP, no training place could be offered. Also on the 30th June 2015, LCC was notified that there had been a sudden influx of request for booking forms from within Children’s Social Care, predominantly from Hyndburn and Lancaster services. 35 requests for booking forms were made within 24 hours but, as there was only limited availability on any of the course dates, guidance as to how to proceed was requested. LCC informed us that she would notify their management that there had been a sudden influx that we were unable to accommodate. These and future requests for booking forms from within CSC were informed that course dates were full however they 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.

3.16 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.

3.17 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.

3.18 If 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 relating to CYP who self-harm with harm-ed.

3.19 Applicants who applied for a place after the ‘new service only’ restriction was applied 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.

3.20 There was a higher rate of late cancellations with the third commission, particularly for the later, Oct 2015 onwards courses. A probable explanation for this is that course dates were allocated at a very early stage i.e. April/May 2015 so some prospective participants had left their post/changed job roles or had failed to enter the date in their diary so had not allowed for the time off or other commitments. 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 2 weeks 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 18 – 20 participants.

3.21 As mentioned at 3.16 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 3.26 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. At the end of the first 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 the training. With this as with the second commission, 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.

3.22 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 10 course dates.

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

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

3.24 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. As a result of participant feedback from the first commission of training courses, the course hours on this as with the second commission have since remained extended from 9.30am to 4.00pm, to 9.30am to 4.30pm.

3.25 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 (discussed at 3.17 above). Figures 4 and 5 below are demonstrative of this.

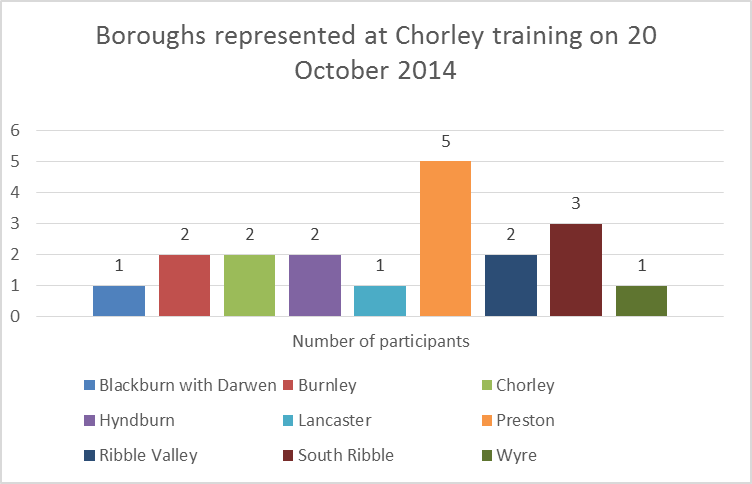


Figure : Chart showing range of boroughs represented at 20th October 2014 training course held at Chorley

Figure 5: range of CYPTW members represented at 4th June 2015 training course held at Burnley

3.26 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”.*

3.27 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.*
* *“I need to know the facts about self-harm – who is vulnerable? how do I identify them? how do I support them? where do I go to get help? etc.”*
* *“I would like to be confident to not only recognise the signs but also be able to speak to families of students who are self-harming”*
* *“It would be useful to be more aware of the steps we should take to help a student in need: From identifying the need, to engaging with local services and also how we can improve the support we provide in school”*
* *“Whether certain behaviours are classed as self-harm or not e.g. a young child hitting themselves in the head.*
* *“Sometimes we are aware of self-harm at immunisation sessions but struggle getting them to admit to it when we follow up. Other occasions are when a teacher has sent them to me. It is always easier when they admit at the drop in. I often ask what they do to de – stress etc. If they are sent, then usually feel they are in trouble which does not set a teenager on the right path to be open and honest.”*
* *As a school we are concerned with the rise in numbers of young people who self -harm. I am interested in trying to raise awareness for staff, parents and young people of all aspects of self-harm, particularly prevention through the raising of confidence, self-esteem and education*
* *Just a general awareness around the subject and, as a primary school teacher, the main signs which may be apparent in younger children and how to approach this.*
* *“At our school the pupils have a wide range of emotional and social and behavioural need. This can often express itself in self-harm/self-hurting. I am confident that I ensure the child is always kept safe during such times of high anxiety/stress when this has manifested itself; however, I feel a deeper understanding is crucial on my part in order for me to be able to support these children.”*
* *“How to identify the signs early and support pupils who are turning to self-harm.”*
* *“There was a student who would write a letter each morning telling me how much alcohol her mother had drunk the previous night and whether she (the girl) had self-harmed. Apart from listening to her and inputting PVP reports I did not really know how to help her. I don’t know if what I was doing was ‘enough’”*
* *“I would like to gain a knowledge to suitable services to refer into if a child is self-harming and also some practical advice on how to tackle and educate primary age children about self-harm.”*

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

* *“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 in depth information into young people and signs, triggers and services available that would help our service to identify and support them with self-harm issues*
* *“I would like signposting to harm minimisation strategies – I realise this course does not discuss this in depth but I have struggled to get on this one, so may struggle to get on others and time constraints and changes with the transformation may not allow for this to be a possibility – as a result I would like to go away more equipped in this area”*
* *“To be able to support and put into practise the knowledge I have gained from the course, and feel confident and for the person/ persons feel comfortable with me to help them.”*
* *“I mainly work with children in residential care home settings where there is often superficial self-harm, however it is persistent. I would be interested in how to manage trends (mostly on the girls units) discouraging the imitating behaviour that often occurs in ‘in-patient’ facilities.”*
* *“What services are offered to young people who self harm in prison custody, once they are released? Also, could any links be made between prison and community staff to aid the young person once released from custody?”*
* *“I work mainly with children and young people with a range of disabilities and challenging behaviour, I was wondering how to differentiate how we would know whether someone was self-harming or whether it was part of their disability”*
* *“It is a long time since I have done any training on this subject and that was quite limited. I look forward to getting up to date information and advice that I can use in my work with young people.”*
* *“Linking in with other agencies attending the course and being made aware of local services available.”*
* *“I would like to be confident in the subject, and hopefully allow me to give information which will enable a young person to obtain the best possible help/care. Also I would like to be able to pass on any knowledge I may receive from this course to my colleagues if the need arises.”*

3.29 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 179 participants (100%) reported that the training had met the needs and personal learning objectives that they had expressed in their Pre-Course Evaluation Questionnaire.

3.30 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 LCC and harm-ed were arranged prior to all the courses. At each of these meetings 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 meetings

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 LCC detailing their role, organisation and location.

4.4 Regular contact was maintained with LCC 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 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.

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

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

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 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.

***Monitoring meetings attended***

4.12 It was agreed to decrease the number of performance monitoring meetings to two for the third commission. This was because monthly meetings were not felt necessary because of harm-ed’s familiarity with the commission and LCC’s confidence in harm-ed. It was agreed that telephone conversations would be an appropriate way to discuss any specific issues should they arise in between meetings. 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
* 24 September 2014
* 9 December 2014
* 24 March 2015
* 21 May 2015
* 8 October 2015

***Number of training courses delivered***

4.13 A total of 35 training courses, which were delivered in the following locations:

* Burnley – 8 training courses
* Chorley – 11 training courses
* Lancaster – 6 training courses
* Preston – 10 training courses

***Total number of course participants***

4.14 The total of all the commissions was to provide training for a minimum of 495 participants (see 2.4 above). However, harm-ed exceeded this target by 120 by training 615 participants in total. The breakdown of participants receiving self-harm training per training venue is as follows:

• Burnley – 143 course participants

• Chorley – 197 course participants

• Lancaster – 103 course participants

• Preston – 172 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 109 unmet requests for training (see 3.9 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 6 and 7 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 3.25 above).

*Figure 6 - 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 7 - breakdown of participants trained per borough*

4.17 In figure 7, Blackburn with Darwen and Blackpool are both unitary authorities which do not fall within LCC’s geographical boundaries. However, participants from these authorities were permitted to attend the training where there was evidence that they supported CYP from within Lancashire. For example, East Lancashire Hospital is based in Blackburn but admits and treats CYP from within East Lancashire which covers Burnley, Hyndburn and Pendle.

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

4.18 The impact that this 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.

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 schools throughout Lancashire. Participants from the Education 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 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, several participants listed these as the most useful aspects of the training:

* *“Now feel able to approach students more confidently”* Assistant Head of House, High School
* *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)
* *“Relating it to ourselves in terms of our coping strategies, making it clear that it is about looking beyond the self-harming and all the way through any support”* Deputy Head, Short stay school
* *“Learning how to speak to children who have self-harmed”* Senco, Primary School
* *“It has been really useful to learn how to talk to someone about issues. Focussing on emotional problems! Not stopping self-harm.”* Head of Year, High School
* *“I have gained a further insight and understanding of self-harm and issues that contribute/impact on YP.”* Pupil Attendance Team
* *“Understanding my role in supporting someone who self-harms. Not to 'fix' them but to listen, understand and support them as best as possible”* Pastoral Officer, Secondary School.
* *“All of it! But possibly the how to and not to respond when yp disclose”* DSL, Academy

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

* *“Thanks very much (for the resource pack). As irony would work out, the first phone call I took this morning was of a mother concerned about her son who is self-harming! I feel much more confident approaching the situation thanks to you and Sat. Thanks again for yesterday.”* Pastoral Officer, Secondary School
* *“I just wanted to thank you and Satveer for the training yesterday. I hope you don't mind me saying but I thought Satveer was fantastic, her self-disclosure and whole approach today the day was brilliant and very touching, she is a credit to the company.”* Deputy Head, Primary School
* *“I found yesterday enlightening and extremely helpful.”* Assistant Head Teacher, High School
* *“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
* *“Thank you for the resources. Can I say, again, how good the course was. You and Satveer were brilliant, very knowledgeable and presented in a very engaging way. I have already recommended the course to others.”*  Learning Mentor, Secondary School
* *“I would just like to say how much I really enjoyed the training yesterday and how it exceeded my expectations. I thought it would be depressing and really heavy going but it was the total opposite. It was fun and informative and reduced my apprehension around dealing with young people with self-harm issues.”*  Assistant Head, Primary School
* *“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 Satveer 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)”
* *“Can I just take this opportunity to thank you both for the deliverance of the very informative and enjoyable training. I found it very insightful resulting in my confidence around this topic increasing”* DSL, High School
* *“Just wanted to say a big Thankyou again for the course, it was definitely interesting and useful! I have shared the contact information with my colleagues and we have all been able to start using it with our young people!” (School Nurse)*

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

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

4.24 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 614 out of 615 participants completed their End-of-Course Evaluation Questionnaire (1 participant had to leave early)

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

4.26 Figures 8 and 9 (below) show that, against each and every performance indicator, harm-ed has exceeded targets set – in most cases achieving above 99% against target outcomes.

Figure 8 - 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% | 99.8% |
| *% that report training as meeting their needs (of those that complete the post course satisfaction survey)* | 95% | 99.53% |
| *% that rate the training as being excellent or good (of those that complete the post course satisfaction survey)* | 95% | 99.53% |
| *% of participants who report increased knowledge* | 95% | 99.8% |
| *% of participants who report increased confidence in subject area* | 95% | 99.66% |
| *% of participants who report increased confidence in their ability to support young people* | 95% | 99.13% |
| *% of participants who report increased knowledge of local services* | 95% | 98.66% |

Figure 9 - Harm-ed's performance against target outcomes

**Notes:**

4.27 Overall, 574 (93.33%) of participants described the training as “excellent”.

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

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 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:

* *“Thank you for the resource pack and certificate. It was lovely to meet you also, I found both of you inspiring. From your knowledge, your drive and passion for the work you all do at harm-ed. From the pre-course communication with yourself to the resource pack, fantastic, professional, friendly, extremely well organised. This course was extremely significant to me and importantly the yp's within my care. (My home, my family). Your course has already been and will be invaluable to me. With your permission, I would like to use some of the resource pack at a self-harm foster support group, which is being established in my area. Carers which have been identified as requesting extra support for self-harm are being selected to attend, hopefully buddy up and offer each other support, share knowledge & experiences. Should have a positive outcome for many.”*  Foster Carer, LCC
* *“I really enjoyed the training. I found it extremely interesting and now feel much more confident in the work I do*” Detective Constable
* *“Thank you for today, it was one of the most inspirational training courses I have ever attended”* Social Worker
* *“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
* *“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
* *“Thanks for the certificate. The course was thought provoking, as to how we deal with people who self-harm as well as informative. I though you and Satveer were brilliant and if you have any courses you might be doing in Lancashire regarding children with disabilities I would be very interested.* Social Worker.” Children’s Social Care
* *“Just wanted to say a big Thankyou again for the course, it was definitely interesting and useful! I have shared the contact information with my colleagues and we have all been able to start using it with our young people!”* Assistant Project Worker, Salvation Army Housing Association
* *“A huge thanks for this information and I have to say the course on Wednesday was one of the best I have been on, it almost sounds wrong to say I really enjoyed the day, mindful of the subject.”*  Police Community Support Worker, Lancs Constabulary

***Value for money***

4.29 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.

4.30 The combined contract prices was £69,980, with a target of training a minimum expectation of 495 participants on at least 35 different training days. Based on these targets, the cost per head would be as follows:

|  |  |  |
| --- | --- | --- |
| **Cost of service** | **Expected participants trained** | **Cost per head** |
| £69,980 | 495 | £141.37 |

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 all 35 courses being over-subscribed. All courses had between 15 and 20 participants and harm-ed bore the additional subsistence costs involved.

4.32 As a total of **615** participants received training under the second commission, this meant that the cost per head was **£113.78**, representing a saving per head of **£27.59**. Had the cost per head in figure 10 been applied for all 615 participants trained, then this would have cost **£86,942.55**, representing **19.5%** more than the total funding for this service. This therefore represents excellent value for money in terms of public expenditure.

4.33 If, as is expected, the training received is now 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.

**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 school suggested self-harm awareness training to be part of INSET days

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 109 people already on our waiting list.

5.4 To facilitate dialogue 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.