

Title

NSCB Self Harm Conference and Toolkit Impact Survey; Response Analysis

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Summary of principle findings: -

In taking account of these findings it should be noted that in the main only 21 respondents completed all questions.

1. The toolkit has been largely well-received by those colleagues who have responded to the questionnaire, and especially in Health and School settings.
2. The most useful sections of the toolkit are found to be those that had practical applications for professionals, and for children and young people. This is especially true in schools (based upon 8 respondents). App 1 – Alternative coping strategies and App 2 – Distractions that can help were the most used sections, with guidance for meetings (App 7) and support in primary settings (App 8) least used.
3. One respondent has used the toolkit to help develop a school-wide policy; a 'best-practice' policy could perhaps be made available as a template.
4. Respondents felt that staff still needed increased confidence and further additional training would help to raise practitioner awareness of the toolkit. A proposal that such training and confidence building should be included in school training days was made, and would seem to be sensible and appropriate.
5. In commenting upon the toolkit, respondents from Health expressed concerns about the capacity of CAMHS and acute hospital settings to deal with children and young people who self-harm, as did colleagues from schools. Again in schools, some comments would suggest a lack of confidence in working with children and young people affected. The feedback on the toolkit is, however, overwhelmingly positive, albeit from a small response group.

Question 1: What sector do you work in?

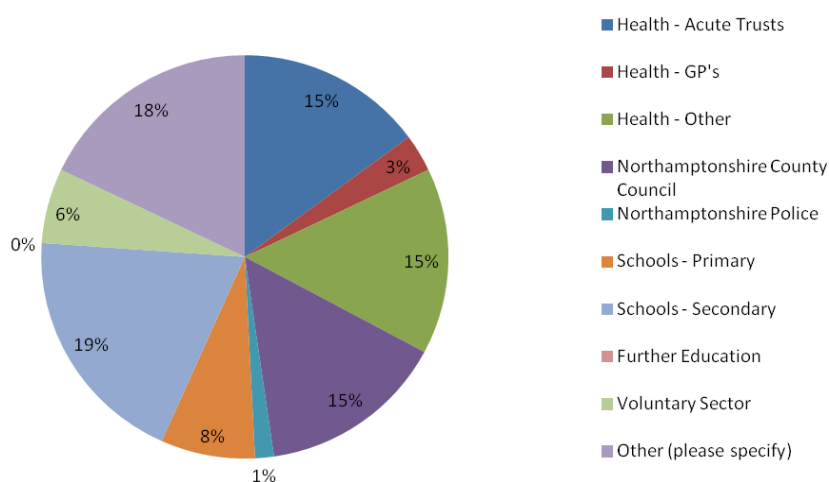


Chart 1: What sector do you work in?

SECTOR	%	NUMBER
Schools - Secondary	19.4%	13
Other (please specify)	17.9%	12
Health - Acute Trusts	14.9%	10
Health - Other	14.9%	10
Northamptonshire County Council	14.9%	10
Schools - Primary	7.5%	5
Voluntary Sector	6.0%	4
Health - GP's	3.0%	2
Northamptonshire Police	1.5%	1
Further Education	0.0%	0

Table 1: What sector do you work in?

The majority of responses were, as shown in chart 1 and table 1, received from health colleagues; a total of 32.8% (Health – Acute Trusts, Health – other and Health – GPs).

School represent a further 26.9%. 17.9% of respondents stated that they were from 'other'; all twelve provided additional detail, as shown in Table 2 below.

SECTOR	NUMBER
District / Borough Council / Authority	3
Primary and Secondary School setting	2
Children's Centre	2
Therapeutic Co-operative	1
School Nursing	1
Health Visitor	1
Health Visiting / School Nursing	1
Counselling	1

Table 2: What sector do you work in – Other Descriptors

Question 2: In which location do you predominately work?

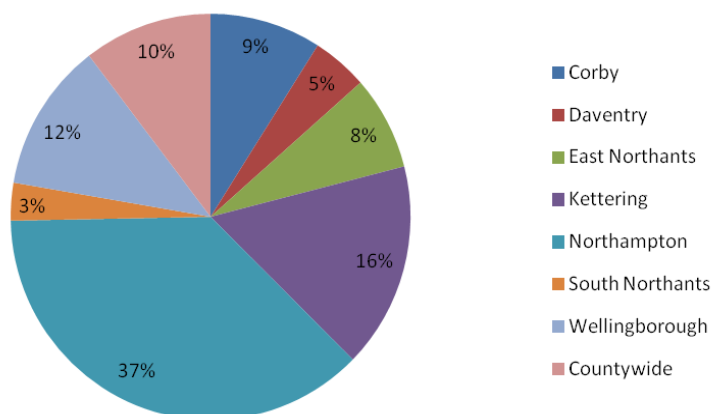


Chart 2: In which location do you predominately work?

LOCATION	%	NUMBER
Northampton	37.3%	25
Kettering	16.4%	11
Wellingborough	11.9%	8
Countywide	10.4%	7
Corby	9.0%	6
East Northants	7.5%	5
Daventry	4.5%	3
South Northants	3.0%	2

Table 3: In which location do you predominately work?

As might be expected, given the geographical distribution of our population, the most respondents were from Northampton and the least from South Northamptonshire.

Question 3: Did you attend either of the conferences held in October 2014 or March 2015 to launch the Supporting Children and Young People Presenting with Self Harming Behaviours or Intent to Self Harm Toolkit?

66% (41) of respondents attended a self-harm conference in either October 2014 or March 2015.

Question 4: Have you accessed the Northamptonshire Supporting Children and Young People Presenting with Self Harming Behaviours or Intent to Self Harm Toolkit?

56.5% (35) respondents accessed the toolkit.

Question 5: Which parts of the toolkit have you used in your setting?

21 respondents answered this question. Table 3 shows which parts of the toolkit they accessed, in order of highest to lowest: -

TOOLKIT SECTION	%	NUMBER
App 1 - Alternative coping strategies	57.1%	12
App 2 - Distractions that can help	57.1%	12
Information Pages 4 - 25	47.6%	10
App 3 - Do's and don'ts for adults	47.6%	10
App 4b - Script guide for interviewing	33.3%	7
App 5 - Self harming behaviours incident form	33.3%	7
App 9 - My safety net (protective behaviours)	33.3%	7
Other (please specify)	33.3%	7
App 4a - Baseline risk assessment tool	28.6%	6
App 10 - Protective behaviours	23.8%	5
App 11 - Action plan	19.0%	4
App 4c - Protective support for incidences of self harm	14.3%	3
App 4d - ABCDE quick assessment guide	14.3%	3
App 6 - Interview record	14.3%	3
App 7 - Accompanying guidance for meetings	9.5%	2
App 8 - In class strategies for support in primary settings	9.5%	2

Table 4: Which parts of the toolkit have you used in your setting?

The responses from colleagues in Health settings only are shown in Table 5.

TOOLKIT SECTION	%	NUMBER
Other (please specify)	50.0%	3
App 1 - Alternative coping strategies	33.3%	2
App 3 - Do's and don'ts for adults	33.3%	2
Information Pages 4 - 25	16.7%	1
App 2 - Distractions that can help	16.7%	1
App 4a - Baseline risk assessment tool	16.7%	1
App 9 - My safety net (protective behaviours)	16.7%	1

Table 5: Which parts of the toolkit have you used in your setting – Health settings only (if section not shown a nil return was given)

It should be noted that no other details were given in respect of 'other', although half of the 6 respondents gave this response.

In respect of schools, the following responses were received (Table 6): -

TOOLKIT SECTION	%	NUMBER
App 2 - Distractions that can help	87.5%	7
App 1 - Alternative coping strategies	75.0%	6
App 3 - Do's and don'ts for adults	50.0%	4
Information Pages 4 - 25	37.5%	3
App 4b - Script guide for interviewing	37.5%	3
App 5 - Self harming behaviours incident form	37.5%	3
App 4a - Baseline risk assessment tool	25.0%	2
App 9 - My safety net (protective behaviours)	25.0%	2
App 11 - Action plan	25.0%	2
Other (please specify)	25.0%	2
App 6 - Interview record	12.5%	1
App 10 - Protective behaviours	12.5%	1

Table 6: Which parts of the toolkit have you used in your setting – School settings only (if section not shown a nil return was given)

Although a small number of colleagues have responded (8), it is very clear that the sections providing practical solutions have been accessed most.

Seven colleagues from all “other” (i.e. not Health or Schools) also responded; the majority (87.5%) had looked at the Information Pages with Apps 1, 2 and 3 being most popular thereafter.

Chart 3 on the following page shows a comparison of these responses. The importance of the practical sections within school settings is further highlighted in this.

Question 6: Please can you provide some feedback into the parts you found most useful and why.

21 respondents answered this question.

Within school settings (8 respondents) the majority of respondents were appreciative of the support the toolkit offers, and in particular the scripts and coping strategies.¹ One respondent commented that *“the information pages helped me to start work on a policy for school.”* Another said that this section *“gives clarity to a subject that some can find distressing and often difficult to understand.”*

Within health settings (6 respondents), the commentary was limited. Two respondents told us that they find it all useful. Another found the risk assessment and alternative approaches most useful. One advised that they had not yet used enough to be able to comment; the final respondent said that they had *“advised school staff to use”* rather than use it themselves.

¹ One respondent commented that *“I did not find the toolkit that useful, because much of it requires time spent with the individual which is not available in school - I do not even think it would be deemed appropriate to discuss the help offered in the toolkit with a student in school”*),

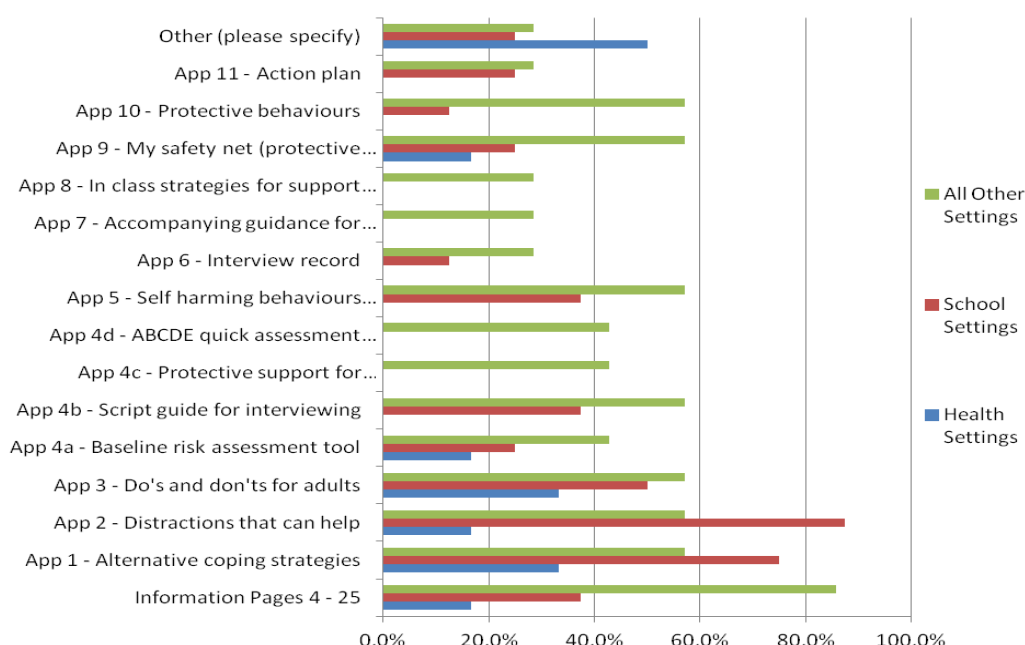


Chart 3: Comparison of responses from settings categories to question 5

In all other settings (7 respondents) the commentary was largely complimentary about the toolkit as a whole, with one respondent commenting “*I feel that all of the documentation is valuable to voluntary sector and those working with mental health and wellbeing at schools - both primary and secondary*”. Again, some respondents told us that they had advised others, particularly schools, to use the toolkit rather than use it themselves.

Question 7: Which parts of the toolkit have you not used in your setting?

Of the 21 respondents who answered question 7, table 7 shows which parts they had not used or they felt to be least useful: -

TOOLKIT SECTION	%	NUMBER
App 6 - Interview record	42.9%	9
Other (please specify)	42.9%	9
App 7 - Accompanying guidance for meetings	33.3%	7
App 8 - In class strategies for support in primary settings	33.3%	7
App 4b - Script guide for interviewing	28.6%	6
App 4c - Protective support for incidences of self harm	19.0%	4
App 4d - ABCDE quick assessment guide	19.0%	4
App 5 - Self harming behaviours incident form	19.0%	4
App 9 - My safety net (protective behaviours)	19.0%	4
App 11 - Action plan	19.0%	4
App 4a - Baseline risk assessment tool	14.3%	3
App 1 - Alternative coping strategies	9.5%	2
App 3 - Do's and don'ts for adults	9.5%	2
App 10 - Protective behaviours	9.5%	2
Information Pages 4 - 25	4.8%	1
App 2 - Distractions that can help	4.8%	1

Table 7: Which parts of the toolkit have you not used in your setting?

In Chart 4 below, we can see the distribution of these responses against the three categories of respondents, i.e. Health, Schools and All Other.

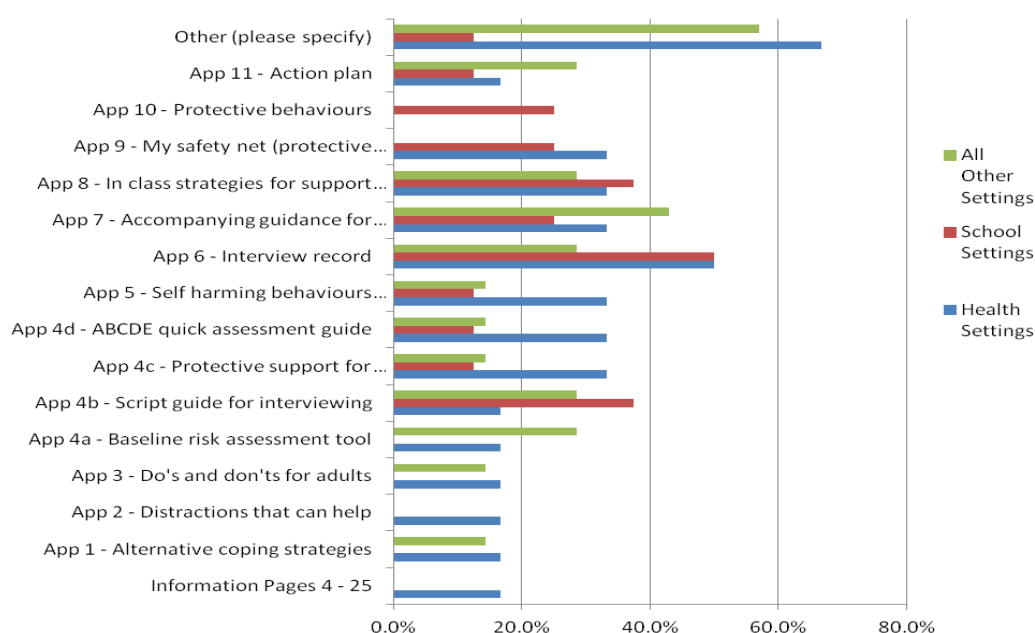


Chart 4: Comparison of responses from settings categories to question 7

This distribution largely illustrates the opposite answers to those depicted for question 5.

Question 8: Please can you provide some feedback as to why you have not found these parts useful?

Where sections had not been used by respondents in School settings this was largely because they were able to utilise other materials already available to them, or because they felt the sections were inappropriate to the age group (both primary and secondary school respondents).

In Health, respondents felt that they had not yet had the need to utilise the sections, or that their role required them to signpost rather than to work directly with children and young people.

Colleagues that responded from other settings gave responses that were largely similar to Health.

Question 9: Can you provide details of how the use of the toolkit has had a positive impact on a child or young person displaying self harming behaviours?

Once again, 21 respondents provided answers to this question.

The following are direct examples of how they had used the toolkit with an individual child(ren) or young person(s) displaying self harming behaviours:-

- *"Because I've used the info for other staff the young person (particularly in one setting) had more understanding from the staff working with her as previously she was being told off when she harmed herself. The written guidelines supported the human interaction that had been missing. The staff took a copy of the toolkit to use to build their confidence"* (other setting)
- *"The response received from the practitioner supporting the child has been more appropriate, therefore the child receives better support and learns"* (school setting)
- *"A young person found an alternative coping strategy that works for her on the list provided - since then she has not harmed"* (school setting)

- *"It has provided a framework of support ensuring the safety of the young person. It also ensures the emotional safety of those working with the young person as well as parents and carers. It has allowed the young person to feel contained and held safely."* (school setting)
- *"It has made students think about the different ways in which they can manage their feelings and some have been able to use strategies that have prevented self-harm."* (school setting)
- *"Increased my understanding to help young person"* (health setting)
- *"Used as a tool to guide youngsters to appropriate services"* (health setting)

Other positive comments included the below: -

- *"As a therapeutic mentor elements of alternative coping strategies are very useful as a guide to parents and in practicality for the young people"* (other setting)
- *"It helps the practitioner to have a wide view and remind them to look at every case as individual. It is too easy to have in your mind - 'I have seen this one and what is needed...' We can become complacent and this prompts us to consider the situation rather than a generalisation"* (other setting)
- *"The toolkit has helped to have a defined approach and method of support specifically for self harm"* (other setting)
- *"This is an informative guide for professionals, young people and parents - all of the document is important"* (health setting)
- *"It gives an alternative focus and source of control"* (health setting)

The following comment was not supportive of the toolkit: -

- *"Suggestions in the toolkit would not be appropriate for the individuals I know who are self-harming; they simply wouldn't work for them. I also felt that the suggestions were not holistic enough, in the sense that I could suggest things but whether these would be seem useful in the home setting another day when the individual is in crisis, is another matter. I do not believe they would have been. There is no 'role' in school currently where one would be allowed to work with an individual on self-harming/confidence issues anyway."* (school setting)

Question 10: Have you shared the toolkit or videos from the conference with any colleagues since using the toolkit or attending the conference?

Of 21 respondents, 16 (76.2%) have shared the toolkit and / or videos with colleagues. This included 5 of 6 health colleagues; 6 of 8 school colleagues; and 5 of 7 colleagues from all other settings.

Question 11: Please give details about what you have shared and who with or why you have been unable to share any information.

Respondents in health settings told us that they had, or planned to, share with junior colleagues to support their development and with colleagues in schools. Three respondents from this setting had used elements of the toolkit in training sessions for others.

Colleagues from schools settings had largely shared the content widely with colleagues in their setting, including in team meetings and training sessions, and one had used the toolkit to support the development of a policy for their school.

Respondents from other settings had shared with schools, and with their own line manager.

At least one respondent in each category stated that time had prevented them from sharing the toolkit.

Question 12: What do you think would help raise practitioner awareness of self harm and the Toolkit?

When asked what they thought would help raise practitioner awareness of self-harm and the toolkit, 21 respondents answered as follows: -

Activity	%	Number
More training	52.4%	11
Confidence building	47.6%	10
Better supervision	23.8%	5
Other (please specify)	19.0%	4
Improved resources	14.3%	3
Greater capacity to self study	14.3%	3

Table 8: What do you think would help raise practitioner awareness of Self Harm and the Toolkit?

In Chart 5 the responses from the three settings categories are depicted; they are largely similar with an emphasis upon training and confidence building, particularly in schools.

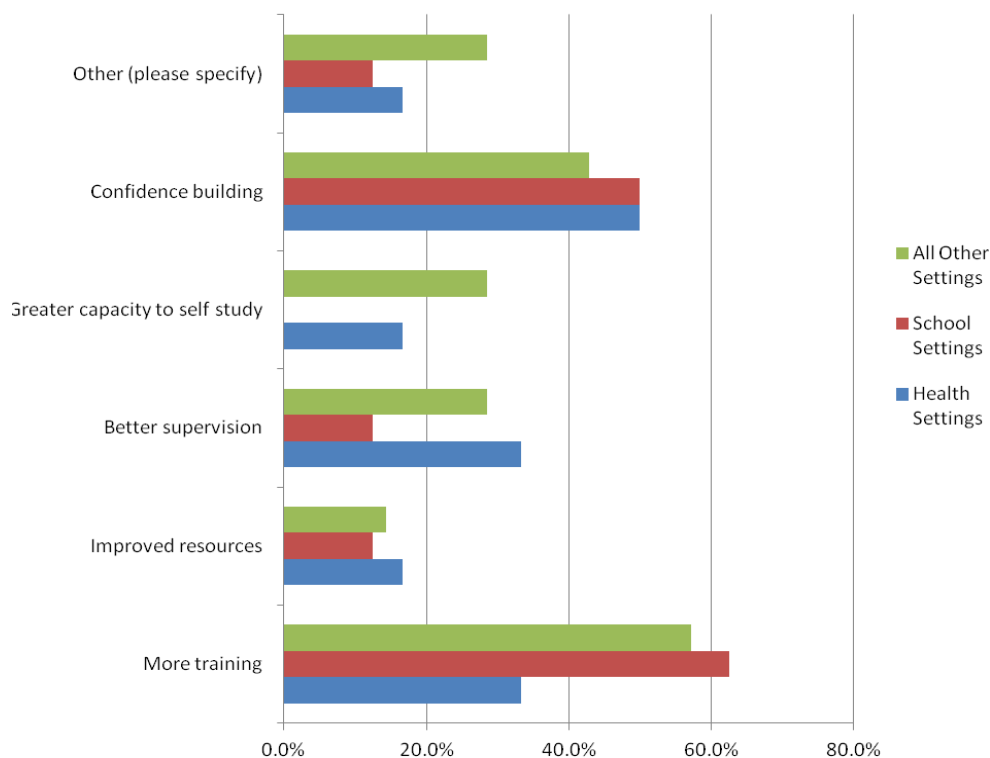


Chart 5: Comparison of responses from settings categories to question 12

Resources in school were mentioned as a barrier, with the suggestion that it could be included in schools staff training days to raise awareness and encourage usage.

Question 13: Please give details on why you have not accessed and used the *Supporting Children and Young People Presenting with Self Harming Behaviours or Intent to Self Harm Toolkit*

When asked why they had not yet accessed the Self Harm Toolkit, 21 individuals once again responded.

The comments, whilst varied, can principally be sorted into four categories as follows: -

Role does not require dealing with children and young people	3
Unaware of toolkit previously	9

Not appropriate to role	3
Intend to use but have not yet had the need	3

Additionally the following 3 comments were received: -

- “Another colleague has done so”
- “Whilst good for my wider education I feel that CAMHS and not myself should be assessing these children and evaluating risk.”
- “Not enough time in consultations to complete it. Referred relevant patients to school nurses who will hopefully be using it.”

Question 14: Do you have any other comments on the county's support for practitioners working with children and young people who self harm?

41 colleagues responded to this question.

Health: -

- “Insufficient action/education in schools. Seems to be the in thing to do. Young people telling others it is right to self harm and not to speak to CAMHS workers as they "twist everything". Lack of responsive CAMHS provision - over stretched service unable to meet the increasing demand and need.”
 - “More access to MH services for patients”
 - “Raising greater awareness of what's available”
 - “There are concerns that more and more services are being decommissioned (e.g. Supporting Services) and putting even more strain on services and professionals”
 - “CAMHS service [sic] is too small to meet the increasing number self children who self harm. What is being done to educate and prevent young people self harming? Why does DSH appear to have such a cult status?”
 - “Children who attend with deliberate self harm fall into 3 categories:
 - “Those who do not need any medical attention and if they could be reviewed in A&E by CAMHS in a timely manner they would not need to be admitted to the ward
 - “Those who definitely need to be admitted to the ward for CAMHS review and medical attention
 - “Those who are not suitable to be admitted to the ward pending CAMHS review as they require specialist mental health services attention and should not be admitted on to a general paediatric ward where other children potentially are put at risk by their behaviours and where staff do not have the specialist knowledge to be able to care for them.
- “Significant increase in CAMHS staffing and flexibility to meet the needs of the young people and avoid unnecessary and costly admissions to an acute ward.”
- “Not enough time allowed for training”
 - “Whilst the self harm service is good, it should be available out of hours in order to assess young people who do not want to be admitted and/or who are not appropriate to admit to an Acute Paediatric ward - moreover there should be acute beds available in the Sett for the latter group of children who are medically fit but are not psychologically fit to discharge (nb we are also not suitably qualified to assess psychological "fitness"). Unfortunately the improvement in the Self Harm service has been countered by CAHMS raising the bar for accessing their other services so

there is a significant amount of psychological morbidity being managed inappropriately by other services that should be managed by CAMHS.”

- “Need to look at transition to adult services more and support in the school holidays.”

These comments may need to be shared with acute (NGH) services and with CAMHS. Some comments even suggest stigma toward young people who self-harm.

Schools: -

- “Need more support and advice from services and where to refer children too.”
- “I have known individuals dismissed from CAMHS who continue to self-harm.”
- “Referrals to community paediatricians are taking in excess of three months for any action whatsoever in the meantime children are really struggling with mental health and anxiety which worsens with the wait and puts strain on families and teachers”
- “I found the conference praised the county's support for young people but this did not match the reality I see on a daily basis - often there is nowhere for children to turn for immediate and effective help.”
- “I am aware and use Ask Normen for a variety of things and it is very useful tool.”
- “Support or training from CAMHS in daily dealing with self harm learners”
- “The support provided is clear, accessible and user friendly.”
- “The information provided by the county is always good; better understanding/resources available for those working with those that self-harm; More support is needed for those that work with children and young people”

The comments from colleagues in Schools are often positive but there is an element of concern around referrals to and support from CAMHS in cases of self-harm. There are also suggestions of a lack of confidence in dealing with young people who self-harm.

Other: -

- “No - I think updates are the best thing for us to receive and then to use and pass on”
- “Time for reflective supervision would be useful.
Joint assessment of serious self harm / suicidal ideation / suicide attempts between CSC & Health services would be useful if conducted regularly to build up common & shared understanding of roles.”
- “I think it's getting better and young people are treated in a more human warm way when needing treatment. The young people who have used the pathway reported to me they were treated warmly and felt cared about by the staff with them”
- “It is very good”
- “No - thank you for the overview of the document and the thought that has gone into it. We as volunteers and professionals may have come across most aspects in our training but to have a document to cross reference / refer to is a great tool (or toolkit)!”
- “Would be good to have access to this training”
- “Social work practitioners require better supervision and support from NCC better quality team managers and better support in terms of more manageable case loads. This would better support practitioners in making better use of training and resources.”
- “The information given at the conference was very helpful because it made us aware of what to look out for, and where to go for help when and if required”

The above comments are mixed and in some cases not entirely relevant to the questionnaire, however, on the whole are supportive of the toolkit and of the conferences.