

<b>item:</b>	<b>8</b>
<b>report:</b>	CYP45/08

## GETTING IT RIGHT FOR “CHILDREN IN DISTRESS”

### By Innis Mitchell

#### Summary

This report explains the requirement for training to support national and Highland strategies for suicide prevention. It outlines the reasoning for a broad preventative approach which embraces self-harm and other risk taking behaviour.

The report details a specific proposal for training which has been devised through consultation with a range of relevant service providers in the voluntary and statutory sector.

#### 1. Background

- 1.1 One of the key outcome targets in *For Highland's Children 2*, was to reduce suicide and reported self-harm in under 18 year olds. The Choeselife National Strategy and Action Plan aims to reduce the suicide rate in Scotland by 20% by 2013.
- 1.2 Suicide is relatively rare in Highland among young people. Even so, there have been 8 deaths in those under 19, as a result of either suicide or undetermined causes, since 2002 (including non-Highland residents). It is not possible to determine any particular trend due to these small numbers, but the obvious concern over suicide rates in general must be addressed.
- 1.3 The reported rate of reported self-harm in Highland has increased in recent years, as shown below.

		2002/3	2003/4	2004/5	2005/6	2006/7	2007/8
Reduce recorded self harm in under 19 year olds	Numbers	54	56	66	90	93	76
	Rates per 100,000	112.9	118.1	139.1	190.5	197.3	161.3

*Note: these figures show only the number and rate of admissions to general and acute hospitals with a diagnosis of deliberate self-harm in those aged under 19 years. The 2007/08 data is provisional, and may not yet include all incidents.*

- 1.4 It is recognised that the principal reason for this relates to improved recording. However the figures do confirm that self-harm must be a matter of significant concern and that services must be helped to identify and support young people in distress.
- 1.5 While it is difficult to focus particular service delivery to achieve reductions in suicide and self-harm, the range of service developments and innovations in recent years will contribute to this objective.
- 1.6 There has also been a focus on awareness-raising and training about these issues, both with the public and young people and with key groups of staff – including foster carers. As part of this strategy the Single Outcome Agreement includes a target for 50% of frontline staff to be trained in suicide assessment / tools and training programmes by 2010.

## **2. Training Programmes**

- 2.1 The Chooselife Highland Action Plan proposes that most training requirements will be met through specific suicide prevention training programmes. The principal programmes are:
  - ASIST - Applied Suicide Intervention Skills Training, 2 day training to help to recognise and estimate the risk of suicide and become more effective at helping aimed at all informal and formal care givers;
  - STORM - Skills Training on Risk Management, up to four half day modules providing training for frontline staff.
- 2.2 These programmes have not proven successful within children's services. In part, this is due to the cascade training model that has been used, which is difficult to sustain at a time of many other significant training demands. More significantly, it has been because the STORM and ASIST programmes are too narrowly focussed to address the needs of staff working with children and young people – who require a broader context that includes self-harm and other risk-taking behaviours. While there is no single proven training model that achieves this, the literature supports a focus on emotional wellbeing and social competence through a range of services including schools, rather than specific suicide prevention programmes.
- 2.3 Consultation with a wide range of children's services providers has taken place to determine the knowledge and skills requirements of frontline staff, involving representatives from Keeping Children Safe, NCH Scotland, Chooselife, Children 1<sup>st</sup>, NHS Highland and Highland Council Education Culture & Sport and Social Work Services. This consultation confirms that the training required should address the wider needs of "Children in Distress" but with a clear focus on self-harm and suicide.

2.4 This inter-agency group made the following observations and recommendations:

- There is some relevant training taking place in Highland at present. However, this tends to be ad hoc and differs between geographical areas
- Staff will require different levels of training in relation to their roles and responsibilities and a tiered Programme Approach to training would be appropriate.
- A two to three year Highland training strategy is required, starting with the mapping of specific training needs and establishing a targeted and tiered programme of delivery.
- The training must complement other training provision and should be included in the overall Integrated Children's Service Training Framework.
- Clear policies and guidelines relating to children in distress are required to support the delivery of training. Work will be required to ensure harmony with policies and guidelines relating to child protection, risk management, recording and reporting, assessment, confidentiality, information sharing, supervision and support, and harm minimisation.
- Continuing support to children and families must be integral to the training provision.
- Further consultation with children and families as well as staff working with self harm and suicide should be undertaken to inform the detail of the training strategy.

2.5. A working group took these recommendations forwards and has devised the following proposal.

### **3. The Training Proposal**

3.1. It is proposed that priority is given to the development of a training strategy to ensure staff are skilled and confident to work with children in distress. Work has begun to develop courses within Programme 1 (Awareness Raising) and Programme 2/3 (Skills Based). Draft Course descriptors for these are in the attached Appendix.

3.2 A collaborative approach to training is effective and cost efficient. High quality training can be delivered in Highland by a combination of specialist staff, including Primary Mental Health Workers, Educational Psychologists, Highland User Group and Children 1<sup>ST</sup>.

3.3 Children 1<sup>ST</sup> have already delivered self harm and suicide awareness training to foster carers in conjunction with Primary Mental Health Workers. This training has evaluated positively and it would be appropriate to expand this programme to other staff groups. The training developed by Children's 1<sup>ST</sup> equates to Programme 1 and contains aspects of Programme 2/3. (See attached Appendix.)

3.4 It is proposed that Children 1<sup>ST</sup> be commissioned to provide a dedicated trainer with responsibility for development and coordination of the programme.

3.5 The principal purpose of this post would be to:

*Develop and deliver the Children in Distress Training Programme to meet the training requirements of staff in children's services with a specific focus on self harm and suicide prevention.*

3.6 Specific tasks to be undertaken will include:

- Establish the number of staff across Children's Services requiring an appropriate level of training and develop a programme of delivery to meet the national standards within the prescribed time scale.
- Work with partners, particularly education psychology and primary mental health, to plan the training Programmes 1 & 2/3.
- Provide a dedicated trainer to deliver, with partners, Programmes 1 & 2/3.
- Coordinate the practical arrangements for delivery of Programmes 1 & 2/3.
- Manage and evidence meeting the government target of 50% of staff receiving training.
- Collaborate in the planning of Programme 4 with key partners in Adult Services
- Provide a point of reference for information, advice and support in relation to self harm, suicide and wider distress issues.

3.7 Commitment has been given from the Educational Psychology Service to support training delivery and discussion is well advanced with Primary Mental Health Workers to further support this.

3.8 Children 1<sup>ST</sup> will require funding to lead on this initiative. A half time Training and Development post (17.5 hours per week) employed by Children 1<sup>ST</sup> at Killen would enable the full training programme to be delivered on an ongoing basis at a cost of around £30,000 per annum, which includes the cost of preparing and delivering training programmes, record keeping, evaluation and quality assurance. It is envisaged that this model would run for three years.

3.9 Along with the proposed Adult Service Training Co-ordinator, the Children 1<sup>ST</sup> post could build a portfolio of training for a range of staff groups, highlighting course pre-requisites, and training appropriate to roles and responsibilities within the programme approach. Links would be made with existing agency training departments and Personal Development Plan processes, and the possibility of accreditation of training programmes would also be pursued.

3.10 The local Chooselife co-ordinator has indicated that £7.5k could be allocated for this in the first year. Other funding could be vired from the budget allocated by the Joint Committee for the *Positive Parenting* programme, involving work with parents of substance misusing and offending adolescents. The *Positive Parenting* organisation has recently indicated that they are no longer able to deliver this programme within Highland. This would still leave a shortfall of £7.5k in years two and three, which would have to be found from other sources.

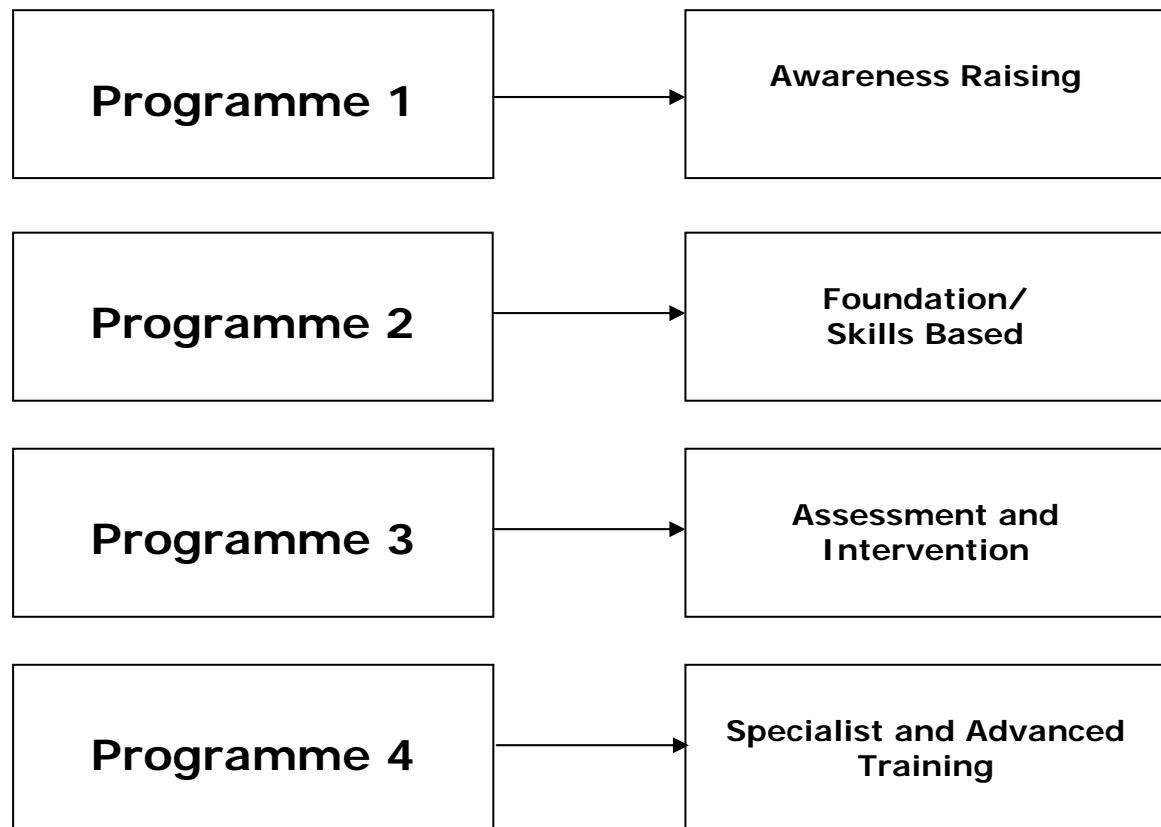
### **Recommendation**

The Joint Committee is invited to consider the issues raised in this report, to agree the proposed approach, and to further agree the virement of funding from Positive Parenting to support this training for three years.

**Innis Mitchell**

Children's Planning Officer

## Appendix 1



## **Programme 1**

### Getting It Right For Children In Distress:

#### Recognising the Signs: 1 day course

This course aims to help staff recognise the signs of children in distress, as well as providing a greater understanding of the issues surrounding this topic area. In particular, this course highlights issues such as self harm and suicide, and gives practitioners some very basic skills in working with children affected by these issues.

#### What can I expect from this training?

By the end of this training, staff should:

- Appreciate the paramount importance of keeping the focus on the child and their rights
- Recognise signs and indicators of children in distress
- Understand terminology relating to children in distress
- Be aware of prevalence in relation to self harm and suicide
- Understand why children and young people may engage in risk taking behaviour
- Appreciate and understand their own attitudes about issues such as self harm and suicide in relation to children and young people
- Know their roles and responsibilities in relation to children in distress
- Know what to do in crisis situations
- Know when to seek appropriate supervision/support and where to find this

#### Who should attend?

- Staff working with children and young people who may experience distress
- Staff working with parents who may find it difficult to cope with children in distress
- Young people, parents or professionals interested in learning more about children in distress and how to work with these issues

#### Course Pre-requisites:

There are no pre-requisites for staff attending this training and it is open to anyone wishing to improve their knowledge and/or confidence in this area.

Attendees will receive a completion certificate which is valid for three years.

#### Further information:

Further information and application forms are available from the HCPC Training Office on:

01463 703483