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Protection Through Partnership (PTP) Evaluation

Summary of impact

CELCIS

2014

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Contents

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1) Impact highlights

Hundreds of participants from the looked after children sector participated - 760 seminar delegates and 650 training participants

Workers and managers acquired relevant knowledge and skills

Working practices and local policies were informed and positive changes made

Attitudes changed to a more informed, positive and understanding view of self-harm and suicide

Workers reported feeling more confident about dealing with self-harm and suicide

Delivery team learned techniques for securing participation, planning and integration

2) The Protection Through Partnership programme

2.a) Background to the programme

This report is part of the evaluation of the Protection Through Partnership (PTP) seminar and training series. The series consisted of 15 one-day seminar events between June 2012 and March 2014, 29 two-day training courses between August 2012 and April 2014 and an end-of-programme conference. Local authority areas were invited to participate and were grouped together based on locality such that participants from all 32 local authorities within Scotland were invited to attend.

Senior professionals within health, education, social care and other local agencies were invited to attend one-day seminars. Following each seminar, local front-line professionals and carers were invited to attend a two-day training course; in some areas two two-day training courses were run.

The programme was developed and delivered by a consortium of partners including: NHS Health Scotland (Choose Life team), Scottish Government, Local authorities, Childline, Samaritans, The Church of Scotland and CELCIS. This partnership was essential, and required commitment at different levels from different organisations.

In order to allow the seminars and training to be delivered free at point of delivery, CELCIS committed significant resources to the core programme supported by Scottish Government. In addition, other partners provided various contributions, often in the form of considerable staff time, travel expenses, et cetera.

2.b) Programme aims

The aims and objectives of the programme were:

- To **raise awareness** amongst senior managers in social work, health and education throughout Scotland of the issues of self-harm and suicide for looked after children and young people including both those who live at home and those who live away from home
- To enhance **communication** between agencies at a strategic and practice level
- To develop **policy and guidance** and encourage agencies to make sure this is embedded in day-to-day management and practice in the care of children and young people
- To develop **support and training** for staff and foster carers
- To develop **monitoring and recording** mechanisms which are creative, informative and easy to use
- To **disseminate** what is known about the particular risks to the safety of looked after children and young people.

2.c) Programme structure

2.c.i) Seminars

Fifteen seminars were delivered across Scotland (see Appendix A for a list of seminars). The seminar programme brought together senior practitioners from various health, education and social care agencies and other partners in order to explore and develop shared understandings of suicide and self-harm amongst looked after children and young people. The seminar agenda was designed to share knowledge and promote the development of improved interagency protocols and pathways in order to help partners realise their responsibilities as a corporate parent. To achieve this, the seminar included presentations on:

- The Scottish Government's approach to reducing suicide and self-harm
- Individuals' experiences (DVD presentation)
- Suicide prevention: working in partnership
- Caring for looked after children: risk and prevention
- Responding to self-harm
- The local context
- The political mandate

Between these presentations, participants were given the opportunity to discuss in smaller groups the various themes that arose. As well as this, the lunch time 'open space' was used to promote and facilitate conversation between professionals. After lunch, working groups were set up to discuss the local situation and response.

Each participant was also given a pack of reference material to take away.

2.c.ii) Training courses

The PTP training programme was delivered through a number of two-day courses across Scotland (see Appendix B). The aim was to increase knowledge and understanding amongst practitioners and carers in respect of why children in care and care leavers may self-harm or consider suicide, and to provide practical tools to help enable practitioners to engage more effectively with children and young people in distress. To facilitate this, the two days were divided into working sessions:

Day 1

- Session 1: Setting the scene
- Session 2: Some research findings
- Session 3: Why do young people self-harm?
- Session 4: Impact on staff
- Session 5: Organisational factors
- Session 6: Ways of helping

Day 2

- Session 1: Introduction to Day 2
- Session 2: Suicide and young people
- Session 3: Assessing and responding to risk
- Session 4: Video of experiences
- Session 5: The impact of suicide
- Session 6: Policy, monitoring and support
- Session 7: National and local responses

The training sessions were designed to be both informative and participatory and within each session there was an opportunity for participation in the form of table discussions, group exercises or question and answer sessions. Where relevant, the design allowed components of the training to be adapted to reflect the local policies and procedures surrounding suicide and self-harm to ensure that the training was most relevant to practitioners and carers' day-to-day roles and responsibilities.

Participants were also given an extensive pack of reference information to take away.

2.d) Support for participants

Given the highly emotive subject of the PTP programme, appropriate steps were taken to ensure the wellbeing of those in attendance. For example, appropriately experienced and qualified staff were present at each seminar and training day to support participants should they be distressed or simply want to talk to someone alone.

Similarly, consideration was given to ensuring that the staff involved in delivering the programme had opportunities to discuss its impact on them; this was achieved through normal line management, supervision and workplace wellbeing arrangements. All involved were advised about how they could access further support should this be necessary.

3) The evaluation

In this section we briefly outline the reasons for conducting an evaluation and the methods used. Readers requiring more information or copies of the instruments used are welcome to contact CELCIS using the contact details given.

3.a) Purpose

The evaluation had formative and summative aims. The formative aims were achieved in the main through the ongoing evaluation, self-evaluation and team discussion as the programme developed and processes were refined. For example, during the programme there was significant learning related to partnership working. The summative aims were achieved mainly through the analysis of feedback from participants and the delivery team, reported in this document.

Some specific aims of evaluation were to:

- Test the effectiveness of the delivery method of the PTP programme in delivering a universal programme across Scotland
- Identify potential future areas of learning and development for practitioners and carers in relation to self-harm and suicide amongst looked after children and young people
- Review the extent to which the overall project aims were achieved including, as far as possible, to assess the impact that the programme had for participants

3.b) Method

The evaluation was based on data collected through a combination of methods, including:

- A self-completion questionnaire administered with participants after seminars and training courses. The design of the questionnaire was updated partway through the series, such that some questions only related to part of the programme.
- Semi-structured follow-up interviews with seminar and training participants (face-to-face or telephone). These took place between three and six months after attendance.
- Semi-structured reflective 'exit' interviews with delivery team members involved, conducted at the conclusion of the programme (face-to-face or telephone)
- Researchers participating in and observing various seminars and training activities

The data collected through the self-completion questionnaire forms were input into SPSS Statistics 19 on two data sheets, one for the seminar responses and another for the training responses, the textual responses and interview data were then analysed thematically with some use of NVivo10.

The requirements of the evaluation were refined during the period of the PTP programme as it became clearer what would be most helpful; methods were adjusted accordingly. For example self-completion questionnaires were refined partway through by removing data items no longer required and updating response categories. Throughout the analysis and presentation of the results, we acknowledge and where possible account for, any relevant variations. Whilst we acknowledge it would have been preferable to have used consistent methods throughout the life of the programme, we feel that the adjustments made have been helpful.

4) Findings

4.a) Seminars

In this section we explore the results of feedback questionnaires from those who attended the seminars. Into this material we integrate relevant findings from other strands of the evaluation, including follow-up interviews and exit interviews with members of the delivery team.

4.a.i) Who attended?

Fifteen seminars were held across Scotland and in total these attracted more than 760 delegates. Of these, 440 people completed evaluation questionnaires (58%). Appendix A shows the number of delegates at each seminar.

Participants completing questionnaires were asked about their professional role, and asked to select or write in a sector and 'service group'. Figure 1 shows that participants came predominately from within the statutory sector with a smaller representation from within the voluntary and private sectors. Figure 2 illustrates that a variety of service groups were represented at the seminar series. This is consistent with the target audience which was intended to involve a variety of local agencies and sectors.

It will be seen that the largest single group of delegates (n=57) represented residential home settings and that a large proportion (n=82) indicated that they worked in more than one of the service groups listed. None of the participants completing a questionnaire was from the prison

service group; however, within the 'other' category one participant was part of the police service and another was working within 'youth justice'.

Figure 1: Sector (seminar participants) (n=403)

- Statutory sector (339)
- Voluntary sector (38)
- Private sector (17)
- Other (9)
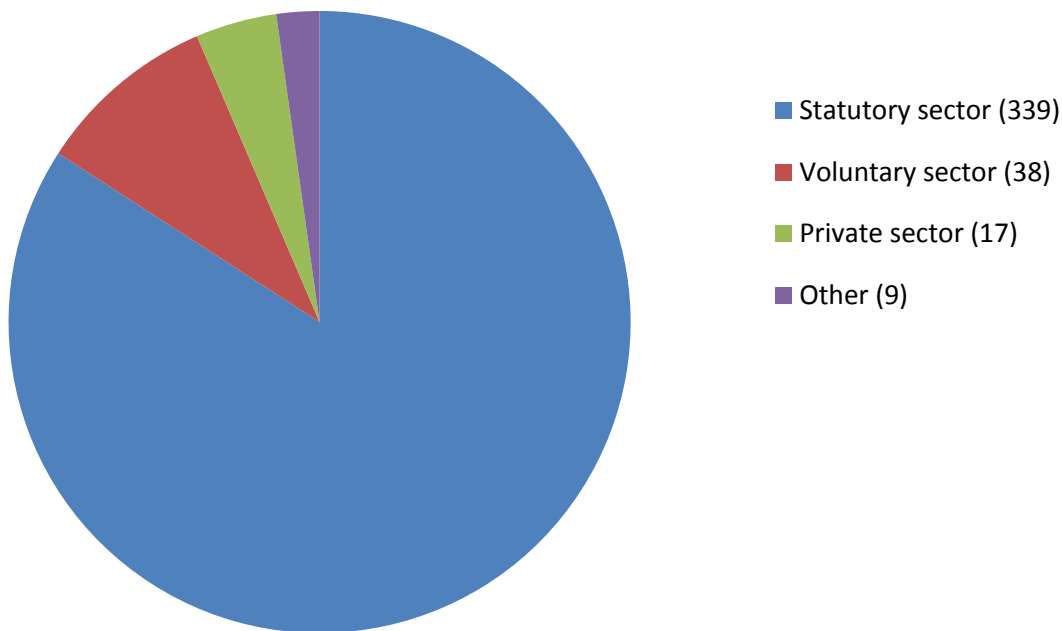
Figure 2: Service group (seminar participants) (n=294) (146 non-response)

- Multiple (82)
- Residential home (57)
- Other (24)
- Across all (23)
- Education (20)
- Local authority (16)
- After/leaving care (15)
- Foster care (11)
- Health (11)
- Mental health (9)
- Looked after at home (7)
- Residential school (6)
- Childrens hearing system (4)
- Secure care (3)
- Kinship care (3)
- Housing (3)
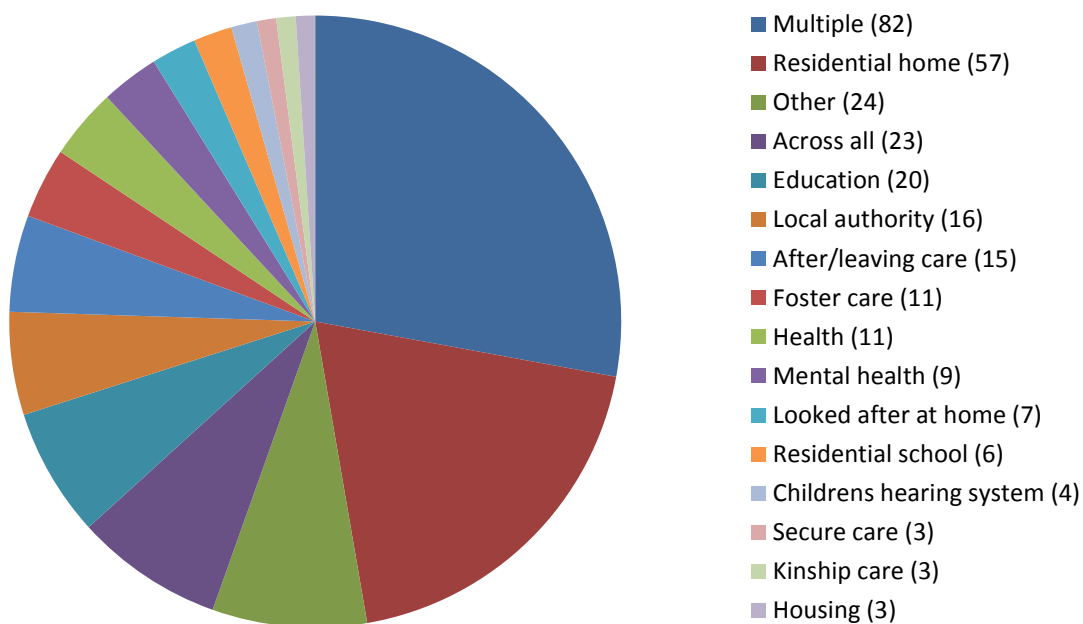
The aim of the seminars was, among other things, to raise the issues with senior managers, garner high-level support for the programme and influence strategic thinking. During the earlier stages of the programme it became apparent that securing the attendance of the most senior delegates was problematic. To monitor this, a question was added to the questionnaire asking seminar delegates to indicate their level of seniority in terms of the numbers of staff for whom they had responsibility. Whilst this is a crude measure, it does provide some indication as to the level of seniority of participants; the results are shown in Figure 3.

Figure 3: Professional responsibility (seminar participants) (n=111)

- Front line professional/practitioner (33)
- Manager responsible for up to 15 staff (30)
- Other (25)
- Manager responsible for 16-50 staff (20)
- Manager responsible for more than 50 staff (3)
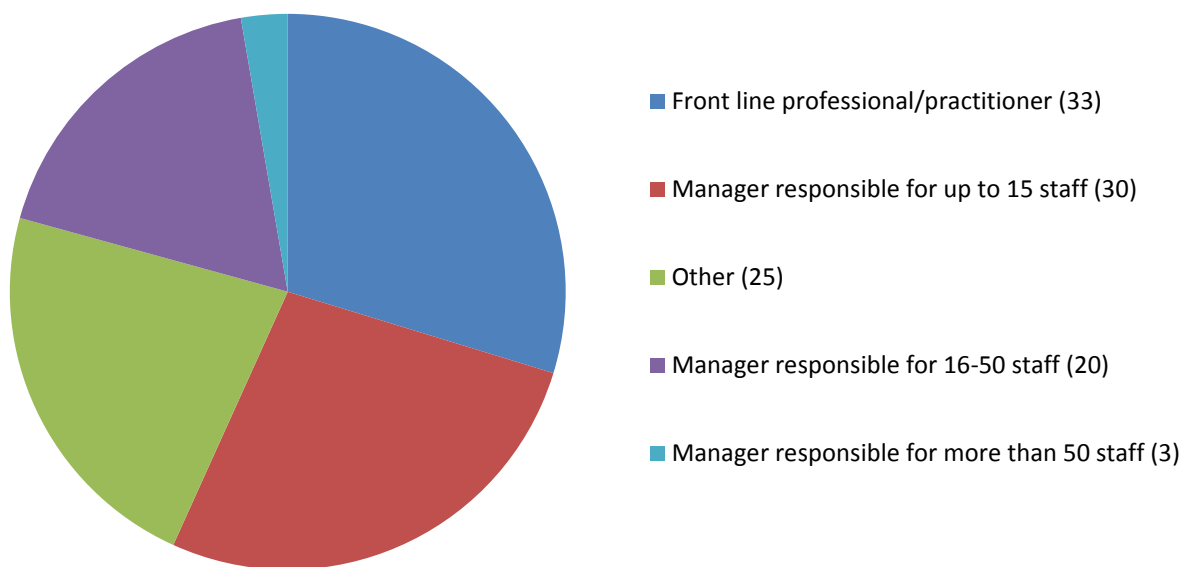
Responses to this additional question were obtained from 111 delegates; this is a relatively small part of the total attendance, hence some caution is required in interpretation. However, the proportions seen here seem to reflect the descriptions provided by various members of the delivery team, and so we feel the result is valid.

It will be seen that there was a large proportion of front-line professionals practitioners (30%, n=33) and relatively junior managers responsible for up to 15 members of staff (27%, n=30). Twenty responses (18%), were received from managers with responsibility for 16-50 staff and only three (3%) were responsible for large staff groups of more than 50. Twenty-five delegates (23%) were unable to categorise their work in this way.

This distribution does not reflect the intended audience for the seminar events which were aimed predominantly at strategic, senior managers. There are a number of possible explanations for this:

- Senior managers were not fully aware of the seminars

- Each locality contains fewer senior managers than had been presumed
- Senior managers were otherwise committed when the seminars were scheduled
- Senior managers chose not to prioritise attendance and / or delegated this to other staff
- Senior managers were difficult to engage in the programme

The first explanation is unlikely given that senior managers were individually identified, approached and consulted by members of the delivery team when planning the local events.

The second explanation may account for some of the effect, particularly given the fact that different types (and sizes) of organisation and sector were involved. These may have very different structures from the large organisational bodies often seen in the statutory sector. We suggest that this explanation is therefore worthy of consideration by those developing similar programmes in future.

The last three explanations were those most often given by members of the delivery team who suggested that substantial work had been done to attract these personnel but, that as each seminar date approached, it was important to ensure good turnout and hence there was a willingness to broaden recruitment.

4.a.ii) Motivations and expectations

Participants were asked to specify what had prompted them to attend the seminar; various explanations were given and these data were analysed thematically. The most frequently identified reasons were:

- To gain knowledge, understanding and information
- To gain strategies and skills to address these issues more effectively
- Current prominence of this topic within their local area / increased awareness of these issues for local children and young people
- Currently working with young people self-harming and/or talking about suicide
- Was nominated to attend
- A desire to meet with and talk to other professionals about the issues and practice
- Personal interest in the topic

Participants were then asked what they hoped to gain from attending the PTP seminar event. Their responses overlapped considerably with their motivations, and included:

- To develop knowledge and understanding of the issues, or to increase awareness
- To learn about the local and national picture
- To share experiences, ideas and practice

- To inform practice and gain skills in order to better support looked after young people
- To help inform the development of policy, guidance and training at a service level
- To place the issues in the broader policy context
- To build communication and inter-agency working

4.a.iii) Content and delivery

Participants were asked to comment on the effectiveness of various aspects of the content of the seminars, the delivery approach and the facilitation of engagement with issues directly within the local context. Participants were asked to rate each element of the seminar from 'poor' to 'excellent'[1].

The main substantive content of the seminars was delivered by three speakers. Figure 4 illustrates that all of the presentations were similarly well-received by delegates.

Figure 4: How well received were the presentations?
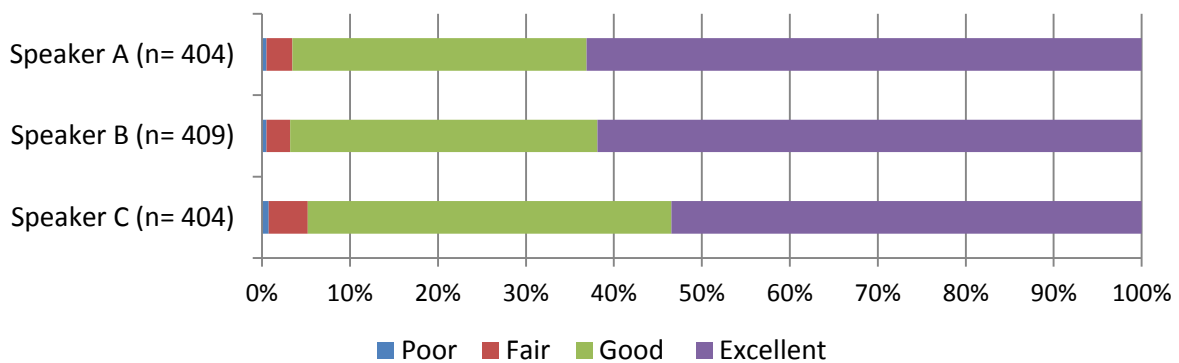
Participants' comments about the presentations indicated that these added to their knowledge and, importantly, fed into their group discussions:

I would say that I was engaged with the presentations, found them informative and sparked off ideas and possible actions. Overall the day exceeded my expectations (Questionnaire response).

Really enjoyed the morning presentation - set the scene and also a strong focus (Questionnaire response).

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[1] Response numbers vary across each element.

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As seen in Figure 5, the majority of participants felt that the elements of the seminar delivery were either 'good' or 'excellent'. Very few participants ranked any elements as 'poor'. The element most frequently ranked as 'poor' was 'the local context' with just seven participants from 343 indicating that this element of the seminar was poor:

Figure 5: How well were each of the seminar elements received?
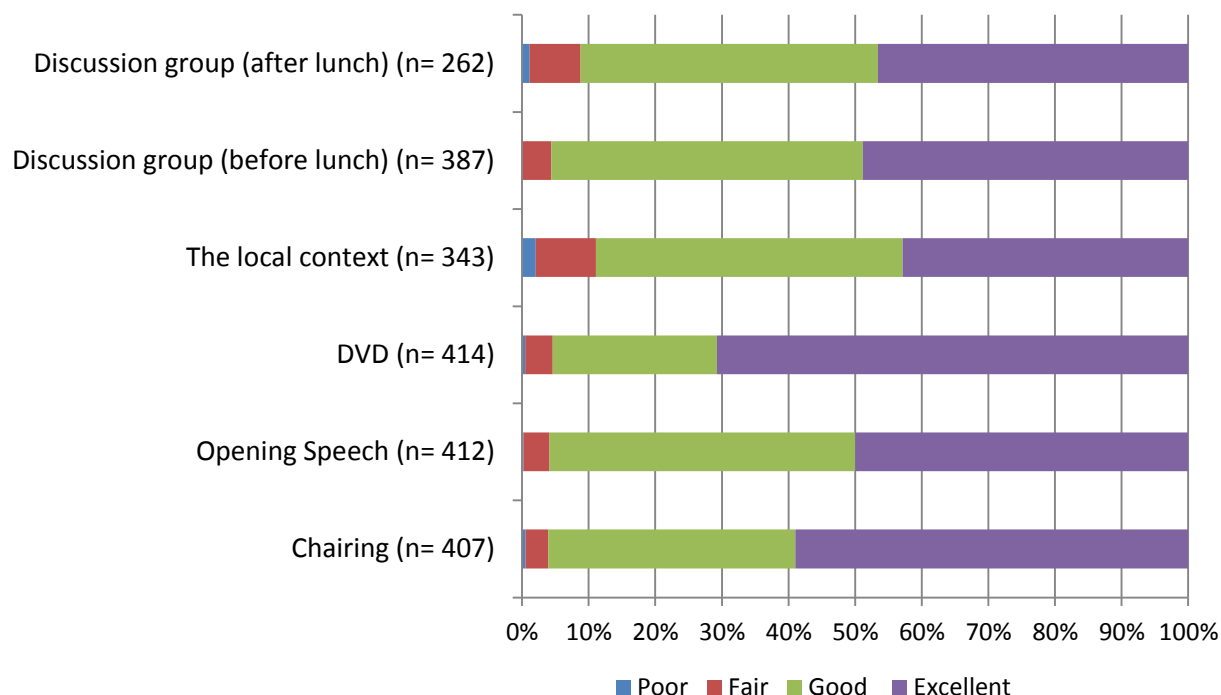
The DVD was particularly well received, with more than two thirds of participants (n=293) ranking this as 'excellent'. Participants' feedback indicated that this element offered an opportunity for policy to be connected with the lived experiences of children, young people and their carers:

> *The DVD(s) brought home how important it is for LAC to be listened to and consulted about*
> *regarding their situation, thoughts and choices. Also learning from Aileen Campbell was good*
> *as it's always helpful to hear the developments that the government are making and*
> *resources that can be used in practice (Questionnaire response).*

Further to this, participants indicated that the DVD was effective as it allowed for the personal experiences of professionals, carers and family members of children and young people looked after who are at risk of self-harm and suicide to be brought to the forefront and to set the tone for the seminar. This was also noted by several members of the delivery team who felt the DVD was useful in 'getting the delegates' attention' and 'setting the tone' for subsequent discussions by contextualising the issues and helping to make them 'real' and 'important' for delegates.

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The opportunities for discussion before and after lunch were also highly valued by delegates. Participants' comments indicated that they used this time to share experiences between individuals and agencies:

Overall great content. The group discussions proved to be invaluable (Questionnaire response).

Overall, participants' responses indicate that the seminars increased delegates' knowledge whilst providing an opportunity for key issues and themes to be explored through discussion with other professionals and carers:

Expectations were met. Good balance between input and discussions (Questionnaire response).

4.a.iv) Promoting local issues and partnerships

Participants were asked to reflect on the extent to which the seminar allowed them to engage with local and organisational issues and to consider to what extent the seminar allowed them to develop communication with other agencies.

There was slightly less certainty amongst delegates in relation to whether or not the PTP seminar events facilitated engagement with local issues (recall Figure 5).

To some extent… but a little less about local development although it was good opportunity to network and think together about taking things forward (Questionnaire response)

This was particularly the case in one area, and of the seven participants that ranked this as being poor, four had attended that area. One participant commented that their ability to engage with the local context was limited by the nature of the local group discussion they were part of:

Very interesting, thought provoking and well presented. I felt our local group, [area name], lacked focus (Questionnaire response).

Despite this, the majority of participants found that they were able to usefully engage with the local context and suggested that they could take this knowledge away with them into their daily work:

[Area] strategies and materials I can use within my organisation (Questionnaire response).

Gave me a good insight into what is being done locally to address self-harm and suicide (Questionnaire response).

Good discussion in relation to identifying and addressing issues locally (Questionnaire response).

One of the aims of the PTP programme was to stimulate and facilitate communication between agencies at a strategic and practice level. Participants were therefore asked to rate how well the seminar offered the opportunity to link with a range of colleagues. Figure 6 illustrates that many participants rated this as 'excellent' (n=51, 59%) or as 'good' (n=28, 33%). Typical comments about this aspect of the seminar included:

> Networking during the session very helpful. Networking during breaks and lunch, found the most productive (Questionnaire response).

> Excellent information sharing both from partnerships and round the table discussions (Questionnaire response).

> I got to meet other professionals from other areas and listen to their views (Questionnaire response).

It was also noted by some of the delegates who took part in follow-up interviews that PTP had been instrumental in initiating partnerships to variously discuss the issue, gather information or begin to formulate responses. Others suggested that the PTP programme reinforced partnership activities that were already under way in their area.

Questionnaires also asked delegates to rate how well the seminar offered an opportunity to think about their own work in local areas. Participants predominately rated this as either 'excellent' (n=48, 55%) or 'good' (n=37, 43%) (see Figure 6). Similarly, participants were asked to rate how well the seminar offered the opportunity to begin to plan follow-up work. Figure 6 shows that there was slightly less certainty in this area with one participant rating this as 'poor' (1%) and 11 participants rating this as 'fair' (13%). Despite this, the majority of participants rated opportunities to think about your work as 'good' (n=33, 40%) or 'excellent' (n=38, 46%).

Figure 6: Rating elements of local discussion opportunities[2]

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[2] These questions were added to the questionnaire and therefore responses were collected from six of the 15 seminars.

Overall these results are very positive; however, several members of the delivery team suggested that seminars in some local areas were markedly more or less effective than those in other areas. These differences included the overall ability to secure participation, but also the ability or willingness of discussion groups to engage with relevant issues. Members of the delivery team related these observations to a wide range of issues that were currently relevant or prevalent in each area, such that in some areas, there was a greater readiness to consider these issues, whereas in other areas this was seen as less of a priority. It was also suggested that some areas appeared to resent the imposition of an agenda, experiencing the PTP programme as something which was devised, developed and imposed from outside, most notably, as a 'top-down' Government initiative.

4.a.v) Changes to professional learning

Many of the seminar participants suggested their knowledge, understanding and awareness surrounding self-harm and suicide relating to looked after children and young people, was increased by attending the PTP seminar:

> *...very useful information received / acquired (Questionnaire response).*

Participants were asked to identify three key messages from the seminar which they would take away with them. Descriptions given for the first Key Message 1 were initially analysed to identify prevalent themes, prior to the entry of data from all Key Messages 1, 2 and 3 into NVivo 10 to facilitate a secondary analysis based on the frequency of key words. This second stage of analysis suggested the themes identified through analysis of Key Message 1 were representative of data from all three variables. The top 75 most frequently occurring words found within Key Messages 1, 2 and 3 are presented in Appendix C.

Taking this information in combination with the thematic analysis of Key Message 1, the most frequently identified Key Messages taken from the seminar were:

- The need to raise awareness amongst staff
- A need for support for staff responding to self-harm and suicide
- A need to provide additional training for staff and in particular the importance of training staff to address and respond to self-harm
- Risk-response approach
- The need for partnership working and a multi-agency approach
- Sharing information is key
- The importance of strong and positive relationships to support young people
- A need to develop and improve policy, protocols and guidance
- The need for early intervention
- Self-harm is not attention seeking

- To respond to the distress not the self-harming behaviour
- The importance of listening
- Take every case seriously
- Talking about the issues is important and does not increase their likelihood
- The impact of family contact on a looked after young person's wellbeing
- The need to develop training and support for carers

Participants' comments indicated that in addition to learning from presentations, the seminars provided opportunities for peer learning from interaction with other delegates. These discursive elements also seem to have helped participants to reflect on, and consolidate, their prior knowledge and in doing so have increased confidence:

> *Many links made and awareness in relation to my role and how 'tie ins' can be made. A reinforcement of how much knowledge I already have (Questionnaire response).*

Several delegates also indicated that they planned to share information from the seminar with their colleagues:

> *…Met expectations and gives backing to what I am passionate about and what to share with others (Questionnaire response).*

> *Useful presentation for discussion with colleagues (Questionnaire response).*

4.a.vi) Changes and barriers to 'practice'

As discussed above, in addition to managers, the seminars attracted a significant proportion of front-line practitioners. Therefore, in this section, 'practice change' potentially includes both managerial 'practice' and front-line practice.

Follow-up interviews revealed that some delegates had already used or applied learning and / or seminar materials with colleagues after the seminar and some had integrated written materials into training, induction or policy documents.

Questionnaire comments and follow-up interviews indicate that the knowledge gained in the seminars may be successfully deployed to change practice:

> *Provided strategies and gave a better understanding of success (Questionnaire response).*

> *I have certainly had discussions with our training coordinator in terms of including some of the materials in our training (Follow-up interview).*

At the end of the seminars, participants were asked to reflect on what they would now most like to change about their work or service in relation to suicide and self-harm. Figure 7 provides a pictorial illustration of the most frequently identified issues that participants would like to change:

Figure 7: Most frequently identified changes that participants would like to make

It will be seen that one of the main areas that participants indicated they would like to change was support and training for staff and carers. Participants' comments suggested that there had been a lack of available training in this area which had resulted in limited awareness and up-to-date knowledge amongst staff. Changes they wished to make included sending staff to the following PTP training as well as integrating these issues into programmes of in-house training. Further, it was suggested that training on issues related to self-harm and suicide should become routine and available for all staff and carers:

Have a much higher level of mental health training available (Questionnaire response).

More training and support to carers and staff (Questionnaire response).

Participants were asked how likely it was that they would be able to make the changes they had identified. The opportunity to add this question was taken when the questionnaire was revised as it was felt that there may be certain systematic barriers to implementing change. This question was asked at six of the events; 86% of participants asked this question responded (n=103). The majority said they were 'quite likely' (n=53, 52%) or 'very likely' (n=32, 31%) to be able to make the changes they had outlined. This is positive; it suggests that participants tended to identify changes that they knew were realistic and /or that most felt they would be able to overcome any barriers that they did face.

Participants were then asked what barriers (if any) would make it difficult to make the changes they had identified. Figure 8 illustrates the most frequently identified barriers to making changes:

Figure 8: Most Frequently identified barriers to making changes

Most follow-up interviewees were able to remember the seminar, and findings suggest that many had managed to implement changes. The changes they spoke about most often included reviewing and updating policies and procedures including policies around staff training. Improved and extended staff training on suicide and self-harm was thought to be related to a wider need for training in various mental wellbeing issues for looked after children including containment, attachment and resilience. For others, barriers similar to those identified above had indeed made progress difficult. One interviewee spoke of experiencing a 'bombardment of policy initiatives' which meant their organisation had to 'prioritise appropriately' within the limited resources and opportunities that were available.

However, despite the difficulties, most interviewees suggested that they remained acutely aware of these issues and were committed to making positive changes.

We also noted that a small number of participants found it harder to recall or place the seminar without significant prompting. We consider this could be for a number of reasons; firstly, the seminar was seen as an intrinsic part of an ongoing stream of work for some participants, such that it blended into other meetings; secondly, some participants were undoubtedly very busy and juggling competing demands; thirdly, some participants may, by the time of the interview, have been less invested in this issue, maybe because their job role had changed or because they had attended the seminar on behalf of someone else and had already relayed the information.

The key messages above illustrate how complex this area of policy and practice is; achieving sustained change will require sustained and integrated efforts. It is likely that in many areas the PTP seminars provided a useful prompt to initiate or encourage activity; we feel that they should be seen as a valuable part of an ongoing process of change rather than as a 'one-off' panacea.

4.b) Training courses

We now consider feedback received from participants in the training courses, supplementing this information where helpful with information from delivery team exit interviews or from relevant participant follow-on interviews. Similar questions were asked of participants attending the training as were asked of the participants in the seminars.

4.b.i) Who attended?

Around 650 people attended the training, and around 80% of these responded to the evaluation questionnaire. The exact number of training participants is unknown as people who had booked occasionally did not attend and equally people who had not booked did attend. In total, 555 completed evaluation forms were collected; 17 of these were removed due to being very incomplete, leaving a total number of 538 for analysis. Appendix B shows the numbers of delegates who attended each training course and the number of evaluation responses.

Participants were asked about their professional role, sector and service group. Figure 9 illustrates that the majority of participants worked within the statutory sector (n=297, 61%) followed by the private sector (n=122, 25%). Comparing this to participants from the seminar programme, the training courses attracted a greater proportion of participants from the private sector and fewer from the statutory sector.

Figure 10 shows that professionals from across a variety of service groups were present at the training programme. The largest groups were those who worked within residential homes (n=157, 32%), or within foster care (n=65, 13%). Many of the participants (n=109, 22%) chose combinations of the available service groups, indicating that they had multiple or complex roles; some participants (n=13, 3%) indicated that they worked across all of the services groups outlined. The 'other' category (n=22, 5%) consisted of responses linked to early years, community work, youth work and family support.

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Figure 9: Sector (training participants) (n=489)

- Statutory sector (297)
- Private sector (122)
- Voluntary sector (57)
- Other (13)
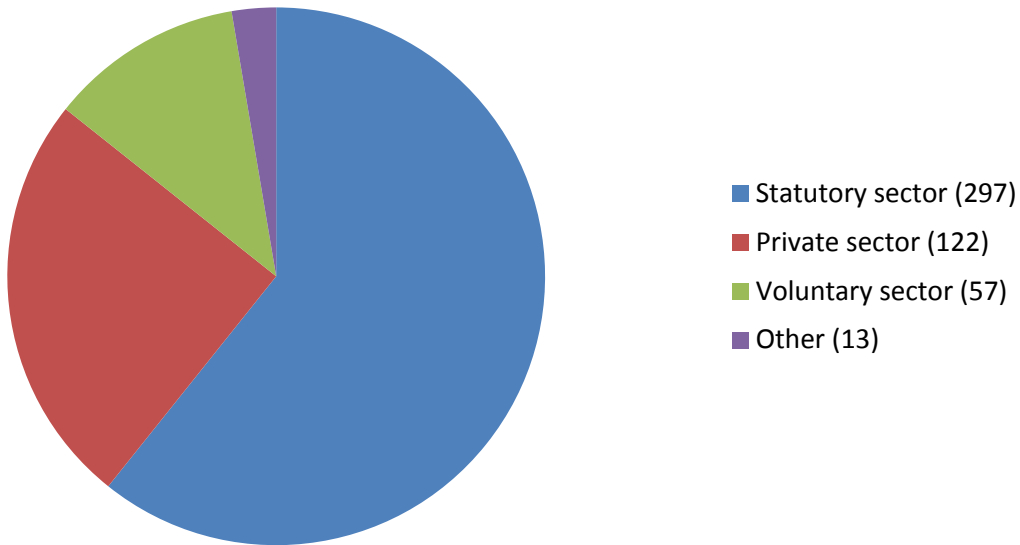
Figure 9: Service group (training participants) (n= 493[3])

- Residential home (157)
- Multiple (109)
- Foster care (65)
- Education (24)
- After/leaving care (23)
- Other (22)
- Local authority (20)
- Residential school (14)
- Across all (13)
- Health (11)
- Looked after at home (10)
- Mental Health (10)
- Secure care (4)
- Kinship care (4)
- Housing (4)
- Prison (3)

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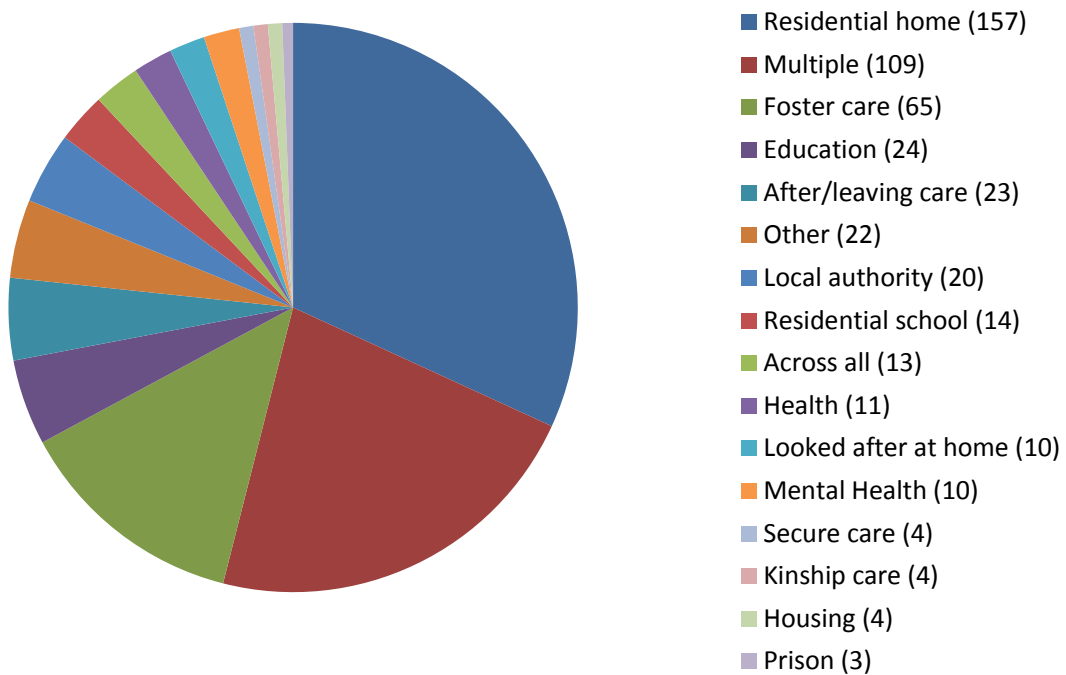
[3] There were 45 participants who chose not to answer this question.

The PTP training programme was aimed predominantly at front-line professionals, and in line with the seminar questionnaire, a question was added to assess participants' level of seniority. As this question was added part way through the series only just over half (n=292, 54%) of participants were asked this question and of which 94% (n=273) responded. The majority (n=207, 76%) were front-line professionals or practitioners whilst a small proportion were managers with different levels of seniority (see Figure 11). There may be a number of reasons why managers chose to attend training sessions; for example, this may have been because they felt they wished to learn more about the topic and / or understand the content of training which some of their staff may attend. It is known that a small number of managers attended a training course after having first attended a seminar session.

Figure 10: Professional responsibility (training participants) (n= 273)

Legend:
- Front line professional/ practitioner
- Manager responsible for up to 15 staff
- Manager responsible for 16-50 staff
- Manager respoinsible for more than 50 staff
- Other
- Foster carer
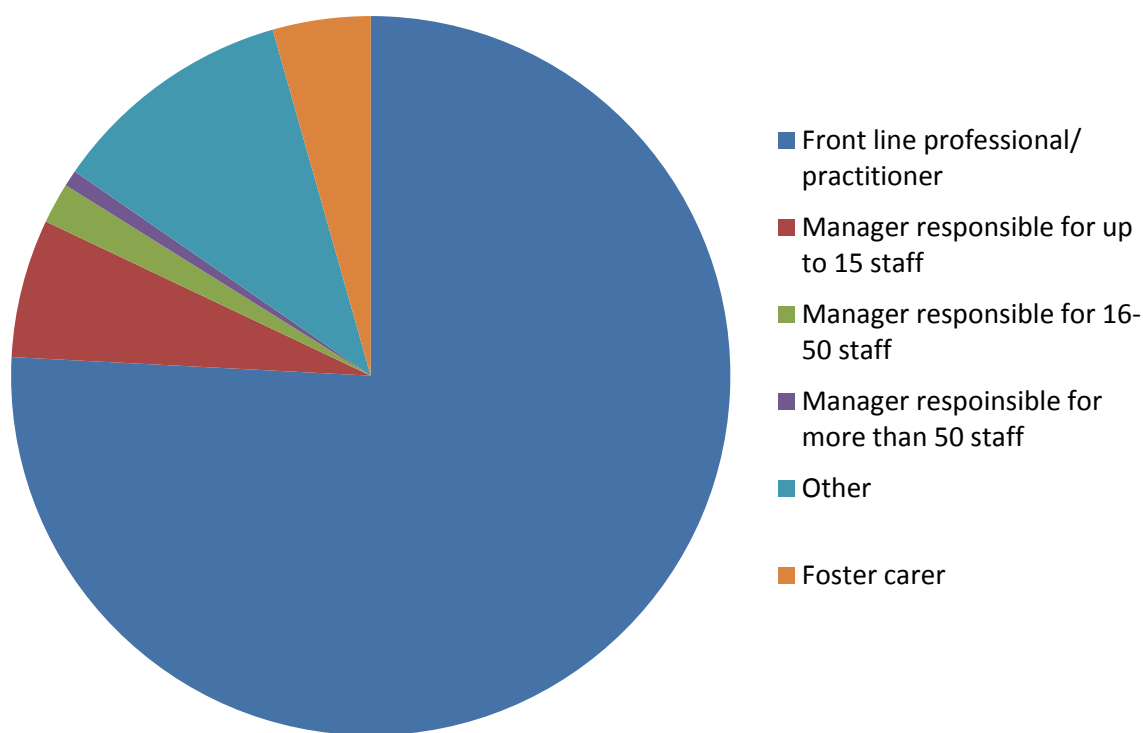
4.b.ii) Motivations and expectations

Participants were asked what had prompted them to attend the training; this data was analysed thematically. The most frequently identified reasons were:

- To gain knowledge, understanding and insight in order to better support young people, carers and colleagues
- To learn and develop appropriate skills and strategies to identify and support young people self-harming or talking about suicide
- A desire to meet with and talk to other professionals about the issues and practice
- As a result of changes to risk assessment and management of young people
- Invited and/or encouraged to attend by management
- Relevant to job role or increasingly working with young people self-harming and/or talking about suicide
- As a follow-on to attendance (or colleague attendance) at another element of the PTP programme
- The reputation of CELCIS training and the positive feedback of others who had attended

Participants were then asked what they had hoped to gain from attending the PTP training; their responses overlapped significantly with their reasons for attending. Participants' responses included:

- To update and gain knowledge, insight and understanding of suicide and self-harm (including risk factors, myths, etc)
- To gain strategies, appropriate responses and confidence for dealing with these issues and supporting young people and to be able to apply learning to practice
- For information to share with colleagues and to be better placed to help support staff interacting with these issues
- To meet other professionals from different agencies to discuss issues and concerns, share experiences and to link in with other agencies

4.b.iii) Content and delivery

Participants were asked to rate elements of the training course from 'poor' to 'excellent'. These included: the effectiveness of the content, the delivery method, the facilitation of engagement with other professionals and integration with their own work. As seen in Figure 12, all the elements of the training were regarded as 'excellent' by the majority of participants. The element most frequently identified as 'excellent' related to information on self-harm (n=457, 85%) followed by the additional resources and materials provided at the training (n=434, 82%) and the information on suicide (n=78%).

We are already aware that participants wanted to update their knowledge on self-harm and suicide. This helps to explain why the information, resources and materials provided through the training were valued so highly. It is clear that these materials were seen as being good quality,

relevant and accessible. Additionally, participants' comments indicated that the information provided was useful in stimulating multi-disciplinary discussions:

> *Course went beyond my expectations. The information given from the course materials were invaluable and the discussions with course delegates gave me a greater understanding of how our young people deal with self/harm suicide and dealt with by agencies (Questionnaire response).*

Also participants indicated that they intended to take the information and apply it in practice:

> *I previously had very little information (formal) on how to deal with self-harm/ suicide, I feel that I have gained significant knowledge that I can utilise in my daily practice working with young people who self-harm or are high risk of suicide (Questionnaire response).*

> *Very informative. Good clear information given well by the tutor on the course. Plenty of examples and good resources. I have come away with my head buzzing with knowledge and now have to try [to] make sense of it all and use it effectively (Questionnaire response).*

Follow-up interviews with a small number of training participants show that they did use this knowledge and information when they returned to their work roles. Many had shared materials with colleagues and several interviewees related examples of particular cases of children and young people that they were working with, where they had found the information to be very helpful in informing practice and increasing confidence:

> *Because when [it happened] I didn't feel like I didn't know what to do, I felt as if I was able to support him. And I did go forward and asked him if he had a plan, if he knew what he was going to do and when he was going to do it, which he never. Which made me think, well he's saying this, but it's not at the forefront of his mind (Follow-up interview).*

> *Not long after the training we had a young person who had gotten themselves into quite a lot of mischief and had been saying 'I'm going to commit suicide'. And I did, the routine that I learned at the training course by saying 'Is this something that you are thinking of doing, do you have a plan?'. And by the time I had finished speaking she said that she was never going to commit suicide at all, she was just saying it (Follow-up interview).*

The element that was received least well was the DVD. Even so, the majority of participants still ranked this element as 'excellent' (n=324, 67%) or 'good' (n=122, 25%), only seven participants ranking this as 'poor' (2%) and thirty participants ranking it as 'fair' (6%). At two of the training sessions there were technical difficulties with the DVD and this may explain the higher numbers of participants ranking this element as 'poor' or 'fair'.

Figure 11: How well were each of the training elements received?
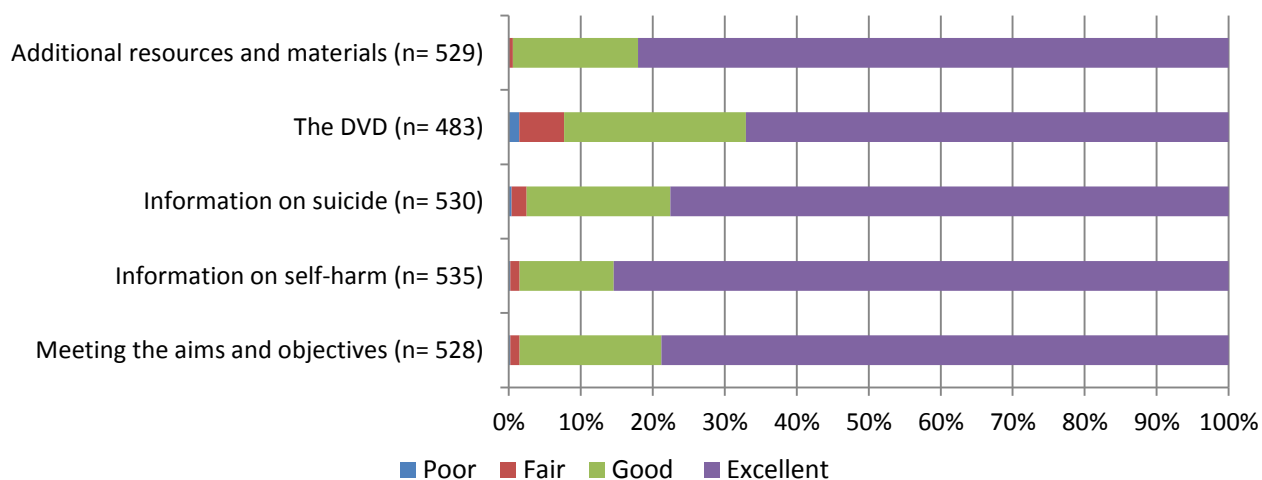
4.b.iv) Promoting local practice

Participants were also asked how well the training provided the opportunity to begin to plan follow-up work, think about their own work and link with a range of colleagues (see Figure 13). Again, all three of these elements were most often rated as 'excellent' with no participants rating them as 'poor'. The most positively rated element was the opportunities to think about own work (n=229, 80% 'excellent') followed by opportunities to link with a range of colleagues (n=174, 61% 'excellent') and opportunities to plan follow-up work (n=172, 62% 'excellent').

Participants' comments suggest that the training days were particularly helpful in providing and promoting opportunities to reflect on their own practice:

> It allowed me to reflect on my practice and the habits I may have fallen into. It was full of honest information that was not sugar-coated (Questionnaire response).

> More than met my need, made me look at my own work practice to see how I can improve it (Questionnaire response).

The process of reflection was supported by the discussion groups embedded within the training. These were also well received by participants with the majority rating these as 'excellent' (n=359, 68%) or 'good' (n=151, 28%). Participants' comments indicate that the training was effective in providing an opportunity to discuss practice and learn from the experiences of others:

> Sharing of good practice - plenty of time for discussion and the opportunity to ask questions and debate (Questionnaire response).

It was good to re-enforce my knowledge and understanding and link previous theory to more current working practice and hear other people's views, thoughts and expectations (Questionnaire response).

Figure 12: How well did the opportunities to link with other professionals work?

4.b.v) Changes to professional learning

Participants were asked to identify three key messages they had taken from the training event; the data were analysed as described for data from the seminar. The most frequently identified key messages by participants were:

- That self-harm and suicide are different
- That self-harm is never attention seeking, rather, a need for attention and a means of coping
- Not to remove self-harming implements
- Always to take self-harm and suicide seriously
- The need to talk to young people about their self-harming
- The need to actively listen to young people
- Open and direct communication with young people is needed
- The need to 'ask the questions'
- The importance of accurately recording information
- That support for staff needs to be developed
- The need for risk awareness and harm reduction
- The importance of inter-agency working
- The importance of sharing information, awareness of issues and experiences amongst colleagues
- The need for crisis planning and a need to develop protocols to deal with self-harm and suicide

4.b.vi) Changes and barriers to practice

Participants were asked to reflect on what they would most like to change about their work or service in relation to suicide and self-harm, having attended the training. Figure 14 illustrates the most frequently identified changes that participants would like to make having attended the PTP training:

Figure 13: Most frequently identified changes that participants would like to make

The main area that participants indicated they would like to change was in the provision of training for other staff and colleagues; this echoed what participants from the seminars had stated. Participants in follow-on interviews also stressed the need for more training for a wider range of managerial and professional groups, and this point was made strongly by some members of the delivery team during exit interviews. Both interview and questionnaire responses suggested that training on suicide and self-harm would most usefully be developed within the context of wider training focused on various aspects of wellbeing, including resilience, attachment and mental health:

> *For the training to have linked with mental health and wellbeing training delivered in schools [and] for senior managers to undergo the practitioners' training and to experience and hear the message and key factors (Questionnaire response).*

> *Opportunities for all staff to attend this training in order to improve work practice, knowledge, so as to benefit YP's [young people] (Questionnaire response).*

As with the seminar participants, training participants' comments also often focused on the need to further develop local policy in relation to self-harm and suicide:

> *I will be encouraging my manager to look at Suicide and Self Harm policies and guidance for both staff and [young people] too (Questionnaire response).*

Policies [are needed] to make all staff aware of self-harm and suicide and the best ways to understand and support young people (Questionnaire response).

Both training provision and policy development were seen as essential contextual elements of the wider support that was needed for staff who were in contact with looked after young people. It was strongly felt that providing these types of support for staff would help them to optimise the support they provided to young people:

More discussion about suicide [and] self-harm and the support within the service that workers receive (Questionnaire response).

Managers [need to be] offering more support and vocally active in supporting changes in policies and practices to further support young people (Questionnaire response).

Participants were also asked how likely it was that they would be able to make the changes they had outlined (presented in figure 14). As with the events seminar evaluation, this question was added as the programme developed, therefore 54% of participants were asked this question (n=292), and of those asked 84% responded (n=246). The majority said they were quite likely (52%, n=127) or very likely (29%, n=70) to be able to make these changes. Managers who attended the training seemed slightly more likely than front-line staff to suggest they would be able to make these changes:

Participants were asked what barriers (if any) would make it difficult to make the changes they had identified. Figure 15 illustrates the most frequently identified barriers to making changes.

Figure 15: Most frequently identified barriers to making changes.
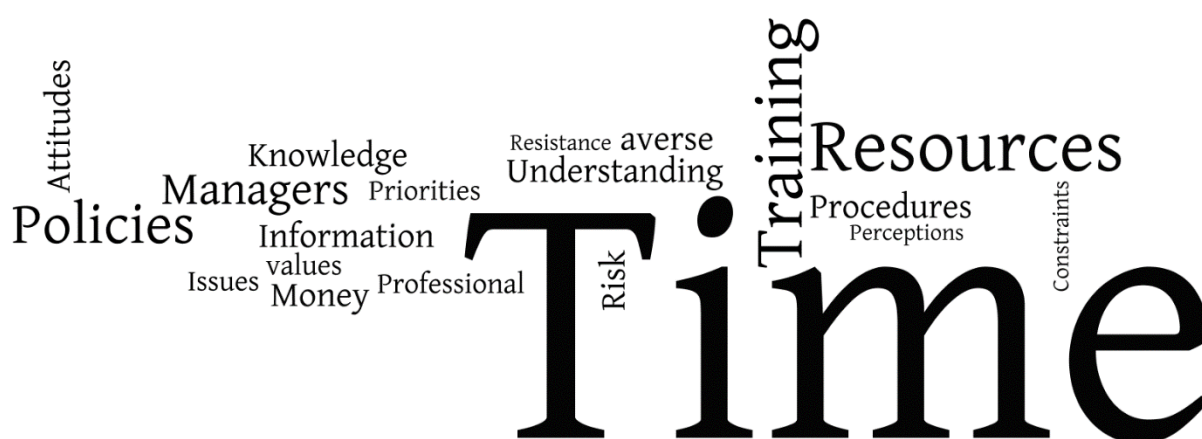
The barriers identified by participants at the PTP training dates were markedly similar to the barriers identified by those who attended the seminars series, with 'time' being the most frequently identified barrier for both groups. Examples of how the idea 'time' was used include:

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Time to allow staff and foster carers to attend the training (Questionnaire response).

Limited time that our team leader has to dedicate to CAMHS (Questionnaire response).

Time restrictions and resources due to geographical area (Questionnaire response).

Lack of resources and time constraints. Other priorities (Questionnaire response).

Sharing the information with all team members can take longer due to time (Questionnaire response).

The participants in the training series also identified barriers such as: 'receptiveness of managers', 'attitudes of colleagues', 'organisational priorities', 'professional values' and 'professional perceptions of self-harm and suicide'. These barriers were somewhat different from those described by seminar delegates, and this suggests that training participants were more likely to be in a role or situation where they were unable to make changes without the support of line managers or others. Many responses suggested that gaining this support was potentially problematic:

There will be resistance to change I am sure. This may come from senior colleagues – managers (Questionnaire response).

Managers not seeing relevance of course to job we do. Managers not attending these courses (Questionnaire response).

It is interesting to note that these sentiments are similar to the experiences of some members of the PTP delivery team who acknowledged the difficulty of securing endorsement of the programme from some senior managers, suggesting that some managers resisted or failed to see the current relevance of this agenda to their area.

Effectiveness of the dissemination model

As part of the evaluation we were interested in finding out how effectively the training facilitated the dissemination of information and resources on self-harm and suicide amongst practitioners and their colleagues. We are already aware that the information delivered at the training was very well received (recall figure 12).

Both the questionnaire and follow-on interviews suggested there had been increases in participants' confidence in approaching issues related to self-harm and suicide:

Gave me more understanding and how to respond to young people to self-harm and make statements of committing suicide. I now feel more confident in offering support (Questionnaire response).

I feel more confident in my ability to engage young people in discussion of self-harm and suicide (Questionnaire response).

Some interviewees who had attended the training indicated that they had used their increased knowledge and confidence in practice when dealing with young people.

Additionally, the multi-agency format of the training days allowed knowledge and information to be shared across agencies:

This has been excellent training - especially because of the multi-agency nature of the group. The resources and delivery have been excellent and thought provoking and I have much to take away and share with colleagues (Questionnaire response).

Further to this, questionnaire comments indicate an intention to share the learning they gained from attending the PTP training with colleagues:

Very well informed and exceptionally happy with supporting documentation to take to organisation to inform my colleagues (Questionnaire response).

Hand-outs & discussions and recommendation for further actions and training have equipped me to support colleagues in schools (Questionnaire response).

Follow-up interviews suggested that after the course training, participants had used these materials as a source of reference in their daily work and that some had shared these materials with colleagues, either on an informal basis or through more formal activities such as staff briefings and induction training.

However, not every participant had managed to use this new learning; in follow-up interviews, some reported that circumstances or job roles had changed such that they were unable to put their learning into practice at that time.

5) Reasons to Live conference

The PTP Reasons to Live conference concluded the programme of seminar events and training, with the intention of drawing together all the key issues and actions raised. The conference was attended by 131 professionals from a variety of sectors, agencies, organisations and local authorities with the purpose of consolidating and continuing the development of the work done as a result of the PTP programme. Importantly, the conference aimed to be 'action-orientated', allowing participants to approach and discuss issues relevant to their practice. Opportunities for this were provided through workshops focused on the key issues brought to light as a result of the PTP programme.

The workshops available were:

Morning workshops:

- Children in schools (Glasgow Samaritans)
- Supporting families after suicide (NHS Health Scotland)
- Social media (NHS Greater Glasgow and Clyde)
- Disabled Children (CELCIS and Action for Children)
- LGBT young people (LGBT Youth)

Afternoon workshops:

- Children's rights (PTP and SCRA)
- Supporting families after suicide (NHS Health Scotland)
- Social media (NHS Greater Glasgow and Clyde)
- Supporting young people leaving care (East Lothian Council)
- Rural issues (NHS Health Scotland)

In addition to this, contributions to the conference programme were made by:

- Alexis Jay, CELCIS Independent Chair
- Aileen Campbell MSP, Minister for Children and Young People
- Bernadette Malone, Chief Executive Perth and Kinross Council
- Dr Chris Robinson, Protection Through Partnership
- Colette Bysouth, Parent
- Dr Michael Smith, NHS Greater Glasgow and Clyde
- Dr Elly Farmer, Child Exploitation and Online Protection Centre

Following the conference, participants were invited to provide feedback on their experiences from the day through a short online questionnaire. In total, 34 participants chose to respond to the questionnaire, with 28 choosing to complete it in full. This represents a very small proportion of the total number of delegates at the conference, therefore we cannot be sure of the extent to which data are representative of the views and experiences of the wider group. The responses were mixed with the format and content of the conference being valued by some participants more than others.

Participants were asked to what extent the format of the event suited their needs; around half (52%, n=14) indicated that the format suited them very much, indicating that the event provided the opportunity to refresh knowledge and information on the topic:

> *All new and existing information extremely relevant to my role (Conference participant).*

Good consolidation of previous knowledge and current training delivery (Conference participant).

Some participants indicated that the information covered in the workshops was of less value to them:

The main speakers were very good and interesting but the two workshops I took were a little bit short of what I expected (Conference participant).

I felt it was going to be more about looked after children and young people; however, I learnt a lot… (Conference participant).

Conversely, other participants seemed to find the workshops valuable:

Workshops, talks, discussions and opportunity to network with others (Conference participant).

The workshops covered a range of topics which were offered on both schedules (Conference participant).

Having attended the event, many of the participants indicted that their awareness of suicide and self-harm prevention had moderately increased (43%, n=12) and the majority of participants indicated that they intended to apply the learning points and encourage their colleagues to consider them as well (54%, n=15).

6) Discussion

Our focus in this report is on impact, ie the difference made by the programme. We also review some of the broader learning points that have emerged in relation to maximising impact. Evaluation activity also identified additional formative / process learning throughout the programme; this was fed back to the delivery team as and when it was useful. Additionally, a small number of detailed or specific information points have been shared with relevant organisations out with this report. We begin this section by considering the impact of the programme towards its original aims.

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6.a) Revisiting impact on programme aims

As with any programme the original aims provide a valuable starting point for considering impact. However programmes develop and lead to broader impacts or realise additional benefits that had not been anticipated.

Aim	Summary of impact
To raise awareness amongst senior managers in social work, health and education throughout Scotland of the issues of self-harm and suicide for looked after children and young people including both those who live at home and those who live away from home	Achieved. Senior managers were aware of the programme, engaged with it themselves and delegated a range of staff to be involved.
To enhance communication between agencies at a strategic and practice level	Achieved. Communication was enhanced in a number of ways, in particular through discussions in seminars and training workshops. There is evidence that ongoing connections have been achieved.
To develop policy and guidance and encourage agencies to make sure this is embedded in day-to-day management and practice in the care of children and young people	Achieved. A range of written and non-written materials have been provided which participants have found useful in the development of policy and practice.
To develop support and training for staff and foster carers	Achieved. Staff from a range of backgrounds and foster carers have been involved in training. Their accounts suggest that they found it to be highly supportive as well as informative.
To develop monitoring and recording mechanisms which are creative, informative and easy to use.	Partly achieved so far. These issues have been discussed during seminars and training and a number of areas are taking forward initiatives.
To disseminate what is known about the particular risks to the safety of looked after children and young people.	Achieved. Significant learning has been reported, both by trainees and by delegates at the seminars. Many have commented on the value of the materials shared with themselves and suggested that they have been able to cascade these materials to other colleagues.

6.b) Summary of the wider points from this evaluation

It is clear that all elements of the programme were well received. Although there is evidence that some elements of the programme process were difficult to deliver, the overwhelming response of the large numbers of people who engaged with the programme was highly positive.

One area where the programme has had substantial impact is in changing thinking and attitudes. For example, we were told several times that the programme brought the subject out into the open, gave permission to talk about the issues and acknowledged workers' feelings and fears. This process of challenging taboos helped to normalise and establish these issues, empowering workers to have constructive conversations with young people and others. Practitioners reported being more confident when dealing with self-harm and suicidality. We feel that this confidence impacts on workers' attitudes in relation to children and young people's behaviour and their experiences. Within the scale and remit of this evaluation it is not possible to judge whether these changes will be sustained in the longer term. We are hopeful that they will be, as in many areas the PTP programme became an integral part of wider work and change processes.

There is also evidence that knowledge and skills have been positively influenced by the programme and there is evidence that this has affected some individual practice, some development of local policy and some procedures and training. Again, it is not possible to be sure that these changes will be sustained, but we are hopeful, since changes in policy and training will feed into practice. Various examples of these changes were mentioned by participants in the evaluation; whilst this evidence is somewhat anecdotal, we feel it is promising. Examples cited include: changes to protocols in A&E, development of new guidance within schools, improved monitoring within local authorities, improved referrals to CAMHS, and child protection committees reflecting on their processes. It is of course likely that these effects will be piecemeal and localised; however, given the scale of the programme we feel that the collective impact across Scotland is likely to be significant.

The main substantive elements of the programme were the seminars and the training courses, and this report has focused predominantly on them. Evidence suggests that the tactic of holding each areas' seminar some weeks before the training had some beneficial effect. It did increase local interest and in some cases secured a level of engagement from senior managers or helped to recruit relevant staff to the training. In follow-up interviews some senior managers from the seminars related that they had recommended staff to attend the training and had found this to be very useful.

However, the process of engaging interest in the programme was clearly problematic in some areas and significant work had to be done prior to the seminar to prepare the ground for the

programme. Additionally, members of the delivery team described a perception of some inter-area rivalries and sensitivities, and suggested that attention needs to be given to the mix of delegates at the seminars in order to promote open and honest discussions. If developing similar programmes in the future, consideration needs to be given to these issues, in particular whether senior managers will necessarily be predisposed to engage with sensitive and complex issues without considerable time and preparation.

The difficulties described appear to have been exacerbated by the extremely short preparation time for the programme and its highly intense nature. Many members of the delivery team and others associated with the programme suggested that the initial planning period was less than ideal. Some also suggested that, because the programme was delivered in a compressed way over a relatively short period, it was difficult to effectively reflect on or agree changes or improvements to the programme as it proceeded. This represents important learning that the team will incorporate into future activity.

We also note that, despite the intention that this would happen, there was little evidence of integration between elements of the programme. For example, we found little to suggest that learning or information from the seminars (eg about local issues) had had a large influence on the training, or that the end-of-programme conference was optimally focused on critical issues identified or developed through the seminars and training. Whilst each element clearly had a positive effect in its own right, and each was clearly well-received, we suggest that additional impact may have been obtained if the seminars, training and conference had been more fully integrated. However, we acknowledge that this would have required additional time and resources.

Partnership working was essential, but given the short timescales and related pressures in delivering such a large and complex programme, there were challenges, particularly around communication, coordination and clarity of roles. Despite these difficulties, it is notable that the organisations involved remained committed, and throughout the programme and since, there has been significant reflection and learning in this regard.

6.c) Conclusion

Throughout the evaluation we have been struck by the level of personal investment shown by the delivery team. These individuals often appeared to go beyond what might have been expected in order to make the initiative a success, and several remarked on their sense of pride, often mingled with relief, at having reached the end of an intensive programme.

Across Scotland the PTP programme reached hundreds of people who work with or for looked after children and young people. It involved a major investment of time and resources both from

the delivery team and from participants in the various elements of the programme. It is therefore pleasing to see that there was significant positive impact on professional knowledge and attitudes and that this, in turn, has often had a positive effect on policy and practice.

We feel that if further time had been available to plan and deliver the programme, then the positive impact may have been further optimised.

As explained, further time will be required to understand whether these changes will be sustained and to what extent they will improve the experiences and outcomes of looked after children and young people. We are very encouraged by the fact that we heard from several different participants that the PTP programme was an important part of a wider trend towards improvement in policy and services related to suicide and self-harm. This suggests that the programme was complementary to their activities and that its impact will be carried forward by other initiatives, this is to be celebrated. Given this level of integration with other work, attributing further impact to the programme will be problematic as it would be problematic to differentiate the effect of PTP from that of other initiatives.

7) Appendices

7.a) Appendix A: Seminar attendees and questionnaire response

Location	Date of Seminar	Number of attendees	Number of questionnaire responses
Dunfermline (Fife)	27.06.12	32	25
Glasgow (Glasgow City)	25.09.12	37	16
Cumbernauld (Lanarkshire North and South)	28.11.12	114	68
Renfrewshire (Renfrewshire, East Renfrewshire and Inverclyde)	29.01.13	69	46
Clydebank (East and West Dunbartonshire Council)	27.02.13	78	49
Ayr (Ayrshires: East, North, South)	24.04.13	80	51
Aberdeen (Aberdeen City, Aberdeenshire, Moray, Orkney &Shetland Islands)	27.06.13	58	36
Edinburgh (City of Edinburgh)	09.07.13	24	10
Perth (Dundee City, Angus, Perth & Kinross)	27.08.13	54	18
Inverness (Highland, Orkney, & Shetland Islands)	17.09.13	20	8
Oban (Argyll & Bute, Highland)	25.09.13	39	17
Livingston (Lothians: West, East and Mid)	30.10.13	27	15
Stirling (Stirling, Falkirk, Clackmannanshire)	04.12.13	52	33
Galashiels (The Borders)	05.02.14	43	27
Dumfries (Dumfries and Galloway)	12.03.14	33	21
Total		**760**	**440**

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7.b) Appendix B: Training attendees and response

Location	Date of Training	Number of attendees	Number of questionnaire responses
Fife	15.08.12 - 16.08.12	15	14
Lanarkshire	08.01.13 - 09.01.13	22	19
Lanarkshire	24.01.13 - 25.01.13	22	15
Paisley	27.02.13 - 28.02.13	22	21
Paisley	05.03.13 - 06.03.13	26	26
Clydebank	21.03.13 - 22.03.13	11	6
Clydebank	16.04.13 - 17.04.13	27	27
Ayr	06.06.13 – 07.06.13	17	15
Aberdeen	20.08.13 - 21.08.13	22	22
Elgin	29.08.13 - 30.08.13	24	22
Fife*	04.09.13 – 05.09.13	25	25
Edinburgh	11.09.13 – 12.09.13	23	20
Perth	26.09.13 – 27.09.13	12	12
Dundee	02.10.13 - 03.10.13	16	15
Shetland	07.10.13 - 08.10.13	22	17
Oban	24.10.13 - 25.10.13	14	13
Orkney	28.10.13 - 29.10.13	15	12
Edinburgh	04.11.13 - 05.11.13	24	14
Fort William	07.11.13 - 08.11.13	25	19
Livingston	28.11.13 - 29.11.13	18	18
Additional session**	19.12.13	10	10
Stirling	23.01.14 - 24.01.14	26	16
Stirling	30.01.14 - 31.01.14	28	22
Borders	27.02.14 - 28.02.14	27	18
Dumfries	24.03.14 - 25.03.14	21	18
Dumfries	02.04.14 - 03.04.14	27	19
Livingston	09.04.14 -10.04.14	27	22
Ayr	30.04.14	22	16
Ayr	08.05.14 - 09.05.14	30	21
Ayr	15.05.14 - 16.05.14	30	24
Total *		**650**	**538**

* Number attending is an estimate. ** Additional funded session for external organisation.
*** Best estimates.

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7.c) Appendix C: Key message word frequencies

Seminars: the top 75 most frequently occurring words within Key Messages 1, 2 and 3

#	Word	#	Word	#	Word
1	need (n=171)	26	information (n=29)	51	increase (n=16)
2	self (n=145)	27	services (n=29)	52	life (n=16)
3	harm (n=121)	28	agency (n=27)	53	respond (n=16)
4	suicide (n=93)	29	partnership (n=26)	54	seeking (n=16)
5	staff (n=84)	30	relationships (n=26)	55	social (n=16)
6	young (n=79)	31	approach (n=25)	56	talking (n=16)
7	support (n=71)	32	multi (n=24)	57	clear (n=15)
8	training (n=68)	33	protocols (n=24)	58	contact (n=15)
9	risk (n=67)	34	policy (n=23)	59	harming (n=15)
10	people (n=66)	35	health (n=22)	60	listen (n=15)
11	distress (n=59)	36	key (n=22)	61	person (n=15)
12	working (n=59)	37	sharing (n=21)	62	talk (n=15)
13	children (n=48)	38	early (n=19)	63	team (n=15)
14	importance (n=44)	39	re (n=19)	64	time (n=15)
15	agencies (n=39)	40	response (n=19)	65	help (n=14)
16	better (n=39)	41	attention (n=18)	66	important (n=14)
17	awareness (n=37)	42	care (n=18)	67	improve (n=14)
18	behaviour (n=37)	43	intervention (n=18)	68	local (n=14)
19	work (n=37)	44	take (n=18)	69	understanding (n=14)
20	read (n=36)	45	children (n=17)	70	available (n=13)
21	YP (n=36)	46	develop (n=17)	71	carers (n=13)
22	communication (n=35)	47	joined (n=17)	72	good (n=13)
23	issues (n=33)	48	LAC (n=17)	73	impact (n=13)
24	needs (n=32)	49	practice (n=17)	74	knowledge (n=13)
25	look (n=32)	50	required (n=17)	75	resources (n=13)

Training: the top 75 most frequently occurring words within Key Messages 1, 2, and 3

#	Word	#	Word	#	Word
1	self (n=406)	26	always (n= 38)	51	signs (n=25)
2	harm (n=387)	27	ask (n=37)	52	agency (n=24)
3	suicide (n=222)	28	strategies (n=36)	53	ok (n=24)
4	young (n=194)	29	harming (n=35)	54	try (n=24)
5	people (n=154)	30	policies (n=33)	55	children (n=23)
6	YP (n=112)	31	recording (n=33)	56	suicidal (n=23)
7	need (n=107)	32	use (n=33)	57	aware (n=22)
8	listen (n= 96)	33	training (n=32)	58	child (n=22)
9	talk (n= 92)	34	needs (n=30)	59	place (n=22)
10	person (n=89)	35	record (n=30)	60	stop (n=22)
11	communication (n=82)	36	behaviour (n=29)	61	read (n=21)
12	attention (n=74)	37	never (n=29)	62	time (n=21)
13	seeking (n=67)	38	care (n=28)	63	must (n=20)
14	risk (n=61)	39	issues (n=28)	64	reduction (n=20)
15	staff (n=59)	40	understanding (n=28)	65	colleagues (n=19)
16	support (n=58)	41	good (n=27)	66	communicate (n=19)
17	importance (n=57)	42	important (n=27)	67	openly (n=19)
18	help (n= 56)	43	look (n=27)	68	discuss (n=18)
19	information (n=50)	44	policy (n=27)	69	knowledge (n=18)
20	make (n=44)	45	key (n=26)	70	may (n=18)
21	work (n=44)	46	listening (n=26)	71	others (n=18)
22	take (n=43)	47	team (n=26)	72	things (n=18)
23	agencies (n=42)	48	working (n=26)	73	awareness (n=17)
24	coping (n=40)	49	feel (n=25)	74	distress (n=17)
25	better (n=39)	50	share (n=25)	75	open (n=17)