

# Integrated Children's Service Guidance

Young People at Risk  
of Suicide or Self-harm



Self-harm and Suicide can be highly emotive and often frightening issues to deal with but...

## DON'T PANIC

Self-harm and suicidal behaviours are a response to distress and can be managed within most services or at home. It is important not to assume that self-harm and suicide behaviours are an indication of a mental health issue.

# Acknowledgements

This document draws heavily on the following work:

North Lanarkshire Choose Life Implementation Group, North Lanarkshire Council, NHS Lanarkshire & SAMH. 2010. Lifelines: Guidelines and procedure to support young people who are self-harming or engaging in suicide behaviours in Lanarkshire.

[www.elament.org.uk/media/76298/lifelines\\_north.pdf](http://www.elament.org.uk/media/76298/lifelines_north.pdf)

Angus Community Planning Partnership, Perth & Kinross Community Planning Partnership and Dundee Partnership. 2012. Supporting Children and Young People at Risk of Self-harm and Suicide: Tayside Multi-Agency Guidance.

[www.dundeeecity.gov.uk/chserv/docs/Suicide.pdf](http://www.dundeeecity.gov.uk/chserv/docs/Suicide.pdf)

West Dunbartonshire Community Planning Project. 2013. Inter Agency Guidance for those working with Children and Young People Involved in Self-harm and Suicide. 2nd Edition.

[www.west-dunbarton.gov.uk/media/745498/self\\_harm\\_guidance.pdf](http://www.west-dunbarton.gov.uk/media/745498/self_harm_guidance.pdf)

East Renfrewshire Council, Department of Education. A Staff Guide for Responding to Suicidal/Self-Harming Young People in a School Setting

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We are grateful for their support in the creation of this document.

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These guidelines should be read in conjunction with other relevant guidelines that are currently in place within each service or agency.

Every effort has been made to ensure that the information in this guidance is up to date and accurate. Information and advice on what is best practice can change over time. All organisations should supplement this guidance with training appropriate to their role and setting (see section 4) along with their own policies.

The use of the terms Risk and Risk Assessment in this guidance is strictly used in reference to the initial assessment of suicide or self-harm behaviours using tools such as ASIST (Applied Suicide Intervention Skills Training) or STORM (Skills Training on Risk Management) and not risk as it may be understood within legislation such as Adult Support and Protection.



# Chapter 1

## The Context

Argyll & Bute is the second largest local authority by area in Scotland. The population within Argyll & Bute is 89,200 (National Records of Scotland 2011). There are 25 inhabited islands in Argyll & Bute with 52% of Argyll & Bute's population in areas classified by Scottish Government as rural and 45% of the population in areas classified as remote and rural (Argyll & Bute Council 2012). This means that many of the young people living in Argyll and Bute are living in a rural area with limited services to support young people who are self-harming, or at risk of self-harm or suicide. This document aims to facilitate a multi professional understanding and response to these young people using the principles of GIRFEC.

Getting it Right for Every Child (GIRFEC) promotes a shared approach that:

- Builds solutions with and around children and families
- Enables children to get the help they need when they need it
- Involves working together to make things better
- Supports a positive shift in culture, systems and practice

The GIRFEC approach is underpinned by a core set of components, common values and principles. The GIRFEC practice model was implemented in Argyll and Bute in January 2012 across integrated children's services. It is a consistent way for people to work with all children and young people. It's the bedrock for all children's services and can also be used by practitioners in adult services who work with parents or carers.

Find out more about GIRFEC at [www.argyll-bute.gov.uk/girfec](http://www.argyll-bute.gov.uk/girfec)

The approach helps practitioners focus on what makes a positive difference for children and young people – and how they can act to deliver these improvements. Getting it right for every child is being threaded through all existing Scottish policy, practice, strategy and legislation affecting children, young people and their families.

The approach should be used as the framework for supporting children and young people at risk of self-harm or suicide.

### What Getting it Right for Every Child means

#### For children, young people and their families:

- They will feel confident about the help they are getting
- They understand what is happening and why
- They have been listened to carefully and their wishes have been heard and understood
- They are appropriately involved in discussions and decisions that affect them
- They can rely on appropriate help being available as soon as possible
- They will have experienced a more streamlined and co-ordinated response from practitioners

#### For Practitioners:

- Putting the child or young person at the centre and developing a shared understanding within and across agencies
- Using common tools, language and processes, considering the child or young person as a whole, and promoting closer working where necessary with other practitioners.

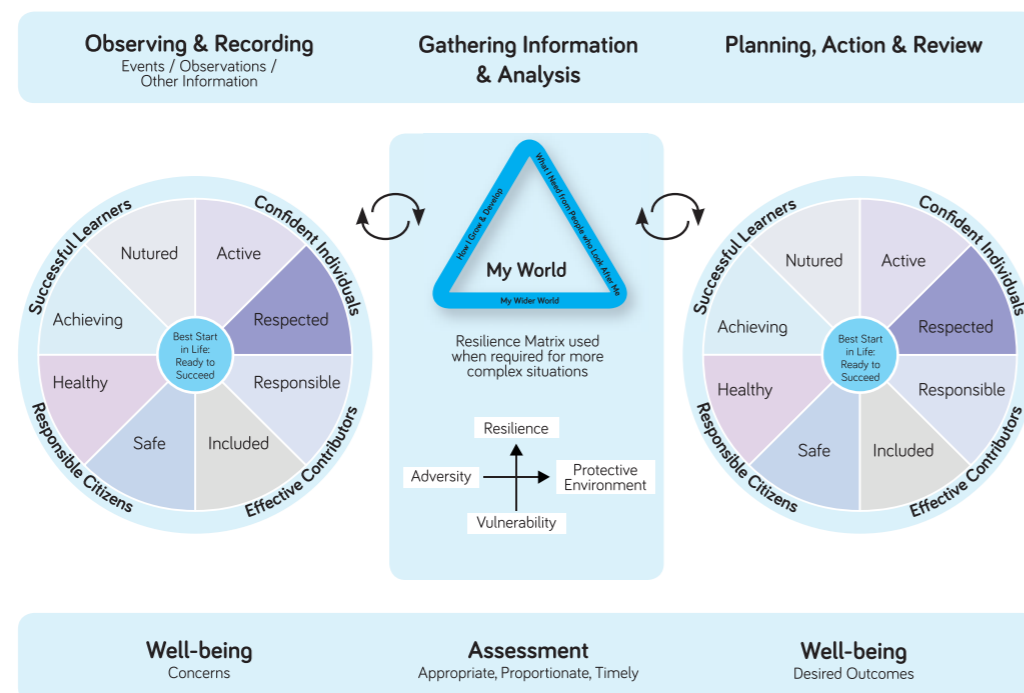
The Scottish Government is committed to creating a healthier, wealthier and fairer Scotland with a thriving society where everyone has the opportunity to reach their full potential. Promoting good mental wellbeing is vital to doing just that.

The principal aim of this document is to provide guidance for individuals and professionals supporting young people who are self-harming or at risk of self-harm or suicide. We acknowledge that a document integrating suicide and self-harm may cause concern as they are different behaviours with different motivations and outcomes. However, this joint approach is reflected in Priority 5 towards a mentally flourishing Scotland: Policy and Action plan 2009-2011- reducing the prevalence of suicide, self-harm and common mental health problems. It supports people working in a wide range of services to better understand how best to respond in an appropriate manner to a very sensitive and often stigmatising issue.

There are many myths associated with these issues, including fears that talking about them may result in a young person self-harming or attempting suicide. This guidance aims to dispel that myth and support professionals to feel confident, informed and able to support those young people at risk.

This guidance identifies common factors and offers tools and techniques for staff members and care givers to support children and young people. The diversity of contributory factors means that in our efforts to provide better services, we must continue to emphasise the need for person centred, recovery orientated approaches.

This guidance is the result of collaborative work across Argyll and Bute drawing heavily upon the excellent work of colleagues in Tayside, Dunbartonshire and Lanarkshire. It has been developed as a tool to enable those involved with young people to be better equipped to help them. Our hope and expectation is that it will enable all those who work with children and young people across Argyll and Bute to better understand self-harm and suicide: why it happens; how to respond; and (most importantly) how best to ensure that children and young people get the kind of help they need when they need it. The guidance encourages all organisations to train all staff in suicide and self-harm awareness and the majority of staff in Suicide Intervention. Training information can be found in Chapter 4.





## Aims & Objectives

### The aims of this guidance are:

1. To facilitate a consistent, multi agency response and approach to support young people who self-harm, have suicidal thoughts or have attempted to complete suicide built on GIRFEC principles
2. To assume a shared responsibility for the care of those at risk of self-harm or suicide
3. To ensure that decisions about young people at risk are made by teams, not individuals, and in collaboration with the child and young person
4. To provide definitions of self-harm and suicidal behaviour and the relationship between them
5. To raise awareness of self-harming behaviours in children and young people
6. To provide a list of relevant local resources and contacts
7. To provide information on risk factors and warning signs
8. To provide appropriate guidance which will indicate to staff how risk should be assessed
9. To provide guidance for staff in dealing with disclosure
10. To provide a guide to developing service specific flow charts that indicate a clear pathway for all staff within their service to follow after disclosure has been made
11. To provide guidance on confidentiality and information sharing
12. To recognise and respond to diversity

## Values

In order to fulfil a duty of care to the child/ young person, due care and attention must be paid to the way in which the child/ young person is supported. This would involve treating the young person with respect and dignity at all times, providing a place for privacy for disclosure where possible, and supporting them in a non judgemental way, regardless of personal feelings or beliefs.

This guidance seeks to offer the same level of support and respect for service providers and staff. This should take the form of ongoing staff training, to enable staff to feel comfortable and confident in dealing with situations. Ultimately, staff should feel valued and supported in their own working environments and by other members of staff.

The guidance recognises throughout that children and young people with disability/additional support needs will have particular challenges. Disabled children have broadly the same aspirations as non-disabled children and the outcomes they would like to achieve are therefore similar. However, for many disabled children and young people, there are fundamental outcomes that need to be achieved as a foundation for others, including and especially, communication.

The guidance recognises there is limited knowledge about the particular issues for young people from minority ethnic communities. When caring for them staff should be supported to seek out information on culturally sensitive practice.

The NICE guidance extract on BME can be found at:

<https://www.nice.org.uk/guidance/cg133/chapter/guidance>



## Definition of a child or young person

### The following extract has been taken from the West of Scotland online Child Protection Procedures,

[www.online-procedures.co.uk/westofscotland/contents/introduction/who-is-a-child/](http://www.online-procedures.co.uk/westofscotland/contents/introduction/who-is-a-child/)

- Section 93(2)(a) and (b) of the Children (Scotland) Act 1995 defines a child in relation to the powers and duties of the local authority. Young people who have not attained the age of 16 are regarded as children. Young people between the age of 16 and 18 who are still subject to a supervision requirement by a Children's Hearing can be viewed as a child. Young people over the age of 16 may still require intervention to protect them.
- The United Nations Convention on the Rights of the Child applies to anyone under the age of 18. However, Article 1 states that this is the case unless majority is attained earlier under the law applicable to the child.

Although the differing legal definitions of the age of a child can be confusing, the priority is to ensure that a vulnerable young person who is, or may be, at risk of significant harm is offered support and protection. The individual young person's circumstances and age will, by default, dictate what legal measures can be applied. For example, the Adult Support and Protection (Scotland) Act 2007 can be applied to over-16s where the criteria are met. This further heightens the need for local areas to establish very clear links between their Child and Adult Protection Committees and to put clear guidelines in place for the transition from child to adult services. Young people aged between 16 and 18 are potentially vulnerable to falling "between the gaps" and local services must ensure that processes are in place to enable staff to offer ongoing support and protection as needed, via continuous single planning for the young person.

Where a young person between the age of 16 and 18 requires protection, services will need to consider which legislation, if any, can be applied. This will depend on the young person's individual circumstances as well as on the particular legislation or policy framework. Special consideration will need to be given to the issue of consent and whether an intervention can be undertaken where a young person has withheld their consent.

This guidance is designed to include children and young people up to the age of 18. However, as noted above, the protective interventions that can be taken will depend on the circumstances and legislation relevant to that child or young person.

For example, under the Adult Support and Protection (Scotland) Act 2007, an adult is considered to be at risk if they are 16 or over and meet all three points below:

- They are unable to safeguard their own well-being, property, rights or other interests
- They are at risk of harm
- They are affected by a disability, mental disorder, illness, physical or mental infirmity which makes them more vulnerable to harm than adults not affected in this way.

The Argyll and Bute Council Adult Protection website provides advice, information and links to legislation and policy in relation to Adults at Risk including those where there is a concern over self-harm.

[www.argyll-bute.gov.uk/adult-protection](http://www.argyll-bute.gov.uk/adult-protection)

Young people have rights of self determination given to them in the Age of Legal Capacity (Scotland) Act 1991 which assigns various legal rights to young people of any age, including the legal capacity to consent to surgical, medical or dental procedures or treatment. Therefore, young people's views must be taken into account and given due weight in decision making.

Some services involved with children and young people have different age criteria. When seeking advice or considering making a referral please ascertain with the agency in question which age range they deal with.

## How to use the guidance

**This document was developed by and is for all staff in statutory and voluntary agencies that are working and supporting young people. For example CAMHS practitioners, Educational Psychologists, Teachers, Social Workers, Public Health Nurses, Residential Child Care Workers and Voluntary Sector project staff, either paid or voluntary as well as carers.**

The guidance is primarily designed for young people between the ages of 11-18. However, be mindful that signs of depression, anxiety, self-harm and suicidal thoughts can be experienced by much younger children. The GIRFEC principles will apply in all cases.

The flowchart record forms and guidance in Chapter 7 are provided to facilitate multi agency collaboration and decision making that involves young people.

The guidance is designed to be used by all staff who will hopefully have completed appropriate suicide and self-harm training and focuses on the issues and strategies relevant to effective multi agency support plans for young people. Since it is written to be used as a reference aide, some information has been repeated in a number of sections and where appropriate more detailed information or recording forms are elsewhere in the guide.

The guidance is designed to support your own professional judgement and your organisation's existing policies. The individual assessment and plan of care should be recorded in your agency's young person's record. Unless it is inappropriate to do so copies of the record forms should be passed to the named person.

The skills you need to engage with a young person who is self-harming are the same skills you would use with any young person in distress and all staff are encouraged to use their colleagues for support. A safe plan form is available for the young person to complete and keep.

## Confidentiality and Information Sharing Legislative and Policy Content

The basis for information sharing can be found across National guidance, regional procedures and local protocols both in single and multi-agency settings e.g.: Protecting Children and Young people: Framework for Standards (2004); Sharing Information about children at risk of abuse or neglect: A brief guide to good practice (2004); and The Data Protection Act (1998). Many local Data Sharing Partnerships also have local Sharing Information protocols. Also there is Health guidance for sharing information contained within the General Medical Council guidance (for 0-18 year old's) and the NHS Caldicot Guardian's information on confidentiality and information sharing.

Guidance can also be found at: [www.scotland.gov.uk/Topics/People/Young-People/gettingitright/information-sharing](http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/information-sharing)

Argyll and Bute Community Planning Partnership has produced guidance for all practitioners and managers working with children, young people and their families within the public, private and third sectors across Argyll and Bute. This guidance should complement, not replace, any existing single agency information sharing, confidentiality and consent guidance. Titled "A Practitioner's Guide to Information Sharing, Confidentiality and Consent to Support Children and Young people's Wellbeing" it can be found at:

[www.argyll-bute.gov.uk/social-care-and-health/protocols-and-guidance](http://www.argyll-bute.gov.uk/social-care-and-health/protocols-and-guidance)

### It is important that you:

- Understand the legislative, policy and practice context parameters when sharing personal and/or sensitive personal information;
- Understand the limitations and constraints of confidentiality and consent; and
- Understand that you are empowered to share personal and/or sensitive personal information, if you are worried and/or concerned about a child or young person's wellbeing and nothing whatsoever prevents you from doing so.

### Following a conversation with a child/young person, you may pass on information given by them when:

- They have given their explicit agreement and you are sure they have understood what will be shared, with whom and why.

OR

- The information they have given us means that you must act to keep them or someone else safe. Refer to your own organisation for child protection procedures.

OR

- You feel that they are at risk of seriously harming or killing themselves you must act. (Details are given in the example flowcharts).

It is imperative that each professional supporting a young person makes clear the reason and nature of their involvement and the support they can or will be providing, including gaining the young person's consent for actions.

### It is also vital to make explicit:

- Why you would wish to share information
- With whom information would be shared
- What information would be passed to or available to others e.g. shared case notes
- Any recommendations you will be making and to whom
- Any actions that you will be taking

**Within this context, you should be making young people aware that you have to ensure their safety and that of other children, young people or vulnerable adults. Therefore, you should be explicit in letting them know that you may be required to let others know if someone is at risk.**

## Our primary responsibility is to keep the young person or other young people safe

### Evidence supports an approach and strategies that recognise that:

- It is paramount to ensure the young person is safe and risk to them is minimised: this has priority over a commitment to contact parents.
- The young person may be very accurate in their appraisal of their situation and risks of contacting their parents. There could be the potential for an increase in the risk to them from e.g. abusive parents. In addition, we have to be aware that the young person may wish to be protective of e.g. a parent who has mental or physical health problems.
- Legally and professionally, we have to listen to, respect, and where appropriate, accept and work with their decisions rather than those of their parents.
- We are not acting "in loco parentis", even when we are fulfilling our duties as a corporate parent. Rather, we are required to fulfil our professional responsibilities as set out in any Council or Service policies, our professional codes of practice or legislation. This will include discussing events with other lead professionals.
- Self-harm and similar behaviours are coping mechanisms, necessary for surviving personal problems and traumas. While we will be working with young people to find and use less harmful coping strategies, the priority is to address their primary problems and enable them to better cope with them.
- These young people are very vulnerable, often very isolated and very poorly supported, however this may not be apparent (for example, perfectionism is a major contributor to self-harm risk). They may well have needed courage and a great deal of encouragement to access and work with staff. In going against their wishes, not only may we exacerbate an already troubled or abusive family situation but put them at risk of withdrawing from contact with any service. Therefore, there is a risk of compounding their vulnerability and isolation, and, in so doing, increasing their stress. The likelihood becomes that the self-harm and suicide behaviours increase and become riskier.



## Involvement of Parents/Carers

### Parent/carers will often, but not always, be important sources of support for their child.

When we ask young people to involve their family/carers, we have to be ready to respond to three reactions:

1. **They will agree and may even be keen and relieved that their family/carers will be involved.**
2. **They will be reluctant.**
3. **They will refuse to have their family/carers contacted, let alone be involved.**

### Agreeable

In most cases, we will be able to receive the young person's agreement to informing and involving their family/carers. We can then decide the best strategies to support that young person and their family/carers.

### Reluctant

In other cases, the young person will be reluctant for this to happen because of anxiety, embarrassment or uncertainty about how the adult(s) will react.

Here, staff will have to help both the young person and their family/carers by:

- Reassuring and supporting the young person through this process.
- Signposting adults in the family/carers to other sources of support and information.

It may be helpful or even essential to identify adult family members such as an older sibling, aunt, grandparent or carers to act as a bridge and longer term mediator.

### Refusal

It is important to recognise that the young person's resistance to their family/carers being contacted can be realistic and appropriate. Our priorities are to ensure their safety and that they continue to seek help and engage with support staff. For some young people, we may have to respect this refusal while continuing to seek ways to encourage them to inform and involve their family/carers.

In some situations, we may need to engage in long-term intensive multi-agency work with the whole family before it is safe and appropriate to explicitly consider the young person's self-harm and/or suicide behaviours.

In a few cases, it will never be possible to inform or involve the parent/carers.

In considering our course of action, it is important to:

- a. Be alert to the fact that a major reason for self-harming and suicide behaviours in young people is abuse, physical, emotional or sexual, by family members/carers. If there is knowledge or any anxieties about this possibility, it is imperative that staff take active steps to clarify the situation and ensure the young person's safety before making the family/carers aware of the situation. The involvement of and advice from social work colleagues are likely to be central to this process.
- b. Take steps to reassure the young person, if required, about the value of informing and involving their family/carers.
- c. Provide support to the young person while working with them to understand how they can discuss their problems and needs with their parents/carers.
- d. At the time of the discussions with the young person, they may not be ready to involve their family/carers and let them know about their self-harm or suicide behaviours through, for example, fear of their reaction or embarrassment. They may not feel emotionally and psychologically prepared, at this point, to disclose the behaviour and discuss their feelings with family members/carers.
- e. Take steps to support family members/carers to understand the young person's behaviour and then give them appropriate help to support their child.



# Chapter 2

## Understanding Self-Harm

### Definitions of self-harm

**'Self-poisoning or self injury, irrespective of the apparent purpose of the act.'** (NICE, 2004)

Self-harm is generally a way of coping with overwhelming emotional distress. Many young people self-harm where there is no suicidal intent.

For the majority of young people who are self-harming they do so in order to cope. Their intention is to stay alive and hope that there will be an improvement in their situation.

### Who is at risk of self-harm?

Anyone can self-harm. It is a behaviour which is not limited by gender, race, education, age, sexual orientation, socio-economics or religion, however there are identified vulnerable risk groups.

#### These include:

- Adolescent females
- Young people who are looked after and accommodated
- Lesbian, gay, bisexual and transgender people
- Children and young people in isolated rural settings
- Groups of young people in some sub-cultures who self-harm
- Children and young people who have experienced physical, emotional or sexual abuse during childhood
- People with chronic health problems, pain or disability

### Examples of functions of self-harm are:

- To achieve relief from intense feelings, pressure or anxiety even for a very short length of time
- To exert a measure of control over some aspect of their life
- To communicate their distress
- To suppress painful emotions or memories
- To have evidence of their emotional pain
- To help them feel real or alive as opposed to experiencing emotional numbness
- To stop flashbacks or interrupt difficult thoughts or images such as abuse

### Types of self-harm

#### Some of the most common ways that people self-harm are:

- Cutting
- Biting self
- Burning, scalding, branding
- Picking at skin, reopening old wounds
- Breaking bones, punching
- Hair pulling
- Head banging
- Ingesting objects or toxic substances
- Overdosing with a medicine

#### Other forms of self-harm may include:

- Eating disorders i.e. Vomiting
- Drug and alcohol misuse
- Dangerous driving/sports
- Unsafe sex/multiple sexual partners
- Destructive/violent or other harmful relationships

However these guidelines are not designed to address these other forms of self-harm specifically which may require other specialist support.

### Warning signs

#### Self-harming is usually a secretive behaviour but some signs may include:

- Wearing long sleeves at inappropriate times
- Spending more frequent or longer periods of time in the bathroom
- Unexplained cuts or bruises, burns or other injuries
- Razor blades, scissors, knives, plasters have disappeared
- Low mood – seem unhappy or depressed
- Changes in mood – anger, sadness etc
- Negative life events which can prompt these feelings – bereavement, abuse, exam stress, parental divorces, etc
- Low self-esteem
- Feelings of worthlessness
- Losing friendships
- Withdrawal from activities that used to be enjoyed
- Abuse of alcohol and or drugs, or changes in the use of alcohol or drugs
- Spending more time on their own, becoming more private or defensive.

### WHAT TO DO? DON'T PANIC - LISTEN

Demonstrating an empathic understanding and non-judgmental manner and respecting the individual is vital.

If an injury is serious go straight to A&E. If you need advice contact NHS 24 on 111. An alternative would be gaining access to a local doctor or nurse.

If it is a minor injury provide appropriate first aid but do not discount the significance of the event to the young person and offer support.

Remember self-harm is a way of coping, so stopping the self-harm is not always the best thing to aim for immediately. Safety and understanding are important in the short term.



**Good practice in minimising self-harm and providing empathic listening include:**

- Do not tell the young person to stop. This is usually unachievable & can make things worse
- Explain your role and limits of your confidentiality
- Provide information/education about self-harm and causes in a straightforward and sensitive matter of fact manner at a time when the child/young person is able to take such information in. (See Chapter 5 & Appendix C)
- Advise the young person of what support is available
- Be non-judgemental
- Treat the young person with respect
- Listen with a view to joint problem solving
- Provide reassurance that problems can be addressed
- Be aware of the stigma associated with self-harm
- Involve the young person in assessing risk
- Assess if/how or when parents/carers will be involved
- Make appropriate referral if required. (See the flowchart Chapter 7 p 44)
- Take seriously suicidal gestures and thoughts.
- Attend appropriate training. (See Chapter 5)
- Seek help and support from colleagues if you need help.



# Chapter 3

## Understanding Suicide

### Definitions of Suicide

The Scottish Government defines suicide as 'death resulting from an intentional, self-inflicted act' and that 'Suicidal behaviour comprises both death by suicide and acts of self-harm that do not have a fatal outcome, but which have suicidal intent.'

([www.scotland.gov.uk/Publications/2013/12/7616/2](http://www.scotland.gov.uk/Publications/2013/12/7616/2))

### Who is at risk of suicide?

Anyone, but there are vulnerable groups among young people:

- Young people who misuse drugs or alcohol –not just those with substance misuse habits but recreational users too. Young people can be particularly vulnerable in the 'come down' phase
- Looked after children
- Young men

### Other categories at risk include the following:

- People with mental health problems particularly those with severe depression or anxiety disorders
- People in rural or isolated communities
- Those who have attempted suicide before. Around 30-40% of suicides have made an earlier attempt
- People who are unemployed
- People who are homeless
- People who have been in young offender's units/prison

### Functions of suicide

Those who act on thoughts of suicide generally do so to kill themselves. For them, the intention is to end their life, stop the pain or because they have decided there is no point in living. Often someone might not want to die but does not know how to live with, or see an end to, the pain they are experiencing.

Suicide in young people nearly always follows a stressful event or life crises; e.g. loss, such as in bereavement or traumatic grief, relationship problems, family separation/breakup or issues relating to sexual orientation. It may well be that the young person has shown no previous signs of emotional distress.

### Methods of suicide

- More young women take overdoses of drugs
- More young men (20-24yrs) use violent methods e.g. hanging, strangulation or poisoning
- Men in rural areas have higher numbers of deaths from firearms, drowning and car exhaust fumes
- Between 80-90% of adolescents who are referred to hospital after suicide attempts have taken overdoses

### Warning signs

- Previous deliberate self-harm
- Talking about previous suicide attempts
- Giving away possessions
- Change in eating/sleeping habits
- Withdrawal from friends, family and usual interests
- Drinking to excess or misusing drugs
- Neglect of personal appearance or other changes in appearance
- Unresolved feelings of guilt following the loss of an important person or pet – (this may include famous idols in the world of music or sport)
- Being over cheerful at a time of depression
- Running away or displaying violent or aggressive behaviour
- Other behaviour or mood changes including a sudden shift from depression to happiness as this may indicate that a decision to die by suicide has been made

### If you discover someone in the act of trying to take their own life:

- Stay safe – DO NOT ENDANGER YOUR OWN LIFE/SAFETY or that of others
- If the person's life is in danger call 999 immediately or take them directly to A&E
- If possible remove the means (e.g. medication, knives etc)
- If the person is drinking alcohol and/or taking drugs, try to get them to stop and deal with their intoxication before addressing thoughts of suicide. For someone not at imminent risk who is used to alcohol and drug use it may be more dangerous to ask them to stop using because of the risks of withdrawal. Instead see if you can support them to not exceed their usual usage
- Encourage the person to talk and listen with non-judgemental manner

Chapter 7 outlines how you might assess risk and refer onto appropriate help including someone who can do a suicide intervention such as someone who is ASIST trained. The flowchart suggests routes for differing levels of risk. If a young person expresses thoughts of suicide but you do not think they are in imminent danger, seek advice through NHS 24 on 111 or by contacting a nurse or doctor locally. Encourage the person to contact one of the help lines such as the Samaritans 08457 90 90 90, Breathing Space 0800 83 85 87 or Childline 0800 1111.

## After a suicide

### Effective postvention support for the aftermath of a death by suicide is very important.

Appropriate postvention responses should:

- Support parents, staff and service users as they grieve
- Provide a safe environment to allow young people and staff to express their feelings of grief, loss, anger, guilt, betrayal etc
- Seek to reduce suicide risk for other vulnerable young people by acknowledging that those affected by suicide are at higher risk of considering suicide and therefore pro actively explore warning signs
- Seek to return the service, school or unit to its normal routine as quickly as possible following crisis intervention and grief work.

### Give clear messages to staff members and service users

- That expressing grief reaction is important and appropriate
- Feelings such as guilt, anger, and responsibility are normal
- There must be no secrets when suicide is a possibility and if any child or young person is worried about him/herself or anyone else they must tell an adult.

Scottish Association for Mental Health provide useful advice in their booklet 'After a Suicide'.

[www.samh.org.uk/](http://www.samh.org.uk/)

Tel: 0141 530 1000 or email [enquire@samh.org.uk](mailto:enquire@samh.org.uk)

**Staff dealing with suicide and self-harm should be aware of the impact on themselves and colleagues. Seek support and consider self care needs. Your agency should have a policy on managing a critical incident.**





# Chapter 4.1

## Training and Self-Care

### Training

All those working with children and young people have a responsibility to promote mental wellbeing as part of their role. There are various courses which can assist people to do so, including those which specifically address support of people who self-harm and / or feel suicidal, as well as more general training on mental health. The following list is by no means exhaustive but illustrates some training options available to staff.

In addition to training, undertaken in accordance with an individual's personal development plan, adequate support and supervision is invaluable and strongly advocated to assist people to optimally promote positive mental wellbeing. SafeTALK is advised as basic training for all staff at induction with key groups of staff going on to complete ASIST or STORM in order that appropriate assessment of suicide risk can be made promptly.

It may be useful to consider training as a stepped process as follows:

#### Step 1 – Induction for all staff in all organisations

- Local policies
- SafeTALK
- Scottish Mental Health First Aid
- Regular management supervision

#### Step 2 – Ongoing development

- Getting it Right for Children in Distress
- Regular management supervision
- Applied Suicide Intervention Skills Training (for a minimum of 50% of staff)
- Self-harm awareness training
- Use of consultation, see PMHW, pg 28

#### Step 3 – Expert Practitioner

- 1:1 clinical supervision to aid management of complex cases

### SuicideTALK

Is a short exploration and awareness raising session, of 1-2 hours. It is aimed at all members and groups within communities and focuses on reducing stigma around suicide and promoting awareness within the community. It is a good starting point for those who would like to learn more about suicide and attitudes surrounding the issue. Many participants then go on to attend ASIST. SuicideTALK can be delivered to people from the age of 15 so may be used to develop awareness among young people in environments such as schools, care homes and youth groups.

### SafeTALK

Is a 3 hour session designed to ensure participants are skilled in recognising when someone may be having thoughts of suicide to ensure the person is linked in with someone with suicide intervention skills. This course is open to anyone and is designed to be run in areas /organisations where there are ASIST trained individuals. SafeTALK can be delivered to people from the age of 15 so may be used to develop awareness among young people in environments such as schools, care homes and youth groups.

### ASIST (Applied Suicide Intervention Skills Training)

ASIST is a 2 day comprehensive, interactive workshop designed to help people recognise risk of suicide and provide immediate help to those at risk. The course is open to anyone from professionals and volunteers to members of the community. The course aims to help all communities become more willing, ready and able to help people at risk of suicide.

### STORM (Skills-based Training on Risk Management for Suicide Prevention)

STORM is intended for frontline workers in health, social and criminal justice services. STORM focuses on developing the skills needed to assess and manage a person at risk of suicide. It consists of 4 half day modules (assessment of suicide risk, crisis management, and problem solving and crisis prevention).

Information on the above courses is available at: [www.chooselife.net](http://www.chooselife.net)

### Scottish Mental Health First Aid (SMHFA)

Is the assistance given to someone experiencing a mental health problem to provide comfort and preserve life until professional help is obtained or the crisis is resolved. It does not teach people to be therapists. The course can be delivered as one 12 hour course comprised of 2 x 6 hour blocks or 4 x 3 hour sessions. This course is open to the public as well as professional groups and public sector and voluntary sector workers.

Find out more at: [www.smhfa.org](http://www.smhfa.org)

### Dealing with Self-Harm

Is a half day course developed by the Argyll & Bute Choose Life Initiative (High-UHB.ChooseLife@nhs.net) for those supporting someone who self-harms and wanting to know more about how to help. This course considers:

- What is self-harm?
- How common is self-harm?
- How does self-harm make us feel?
- Why do people self-harm?
- How can we help?
- What do they need or want?

### Self-Harm Lifelines

An on-line self-study package developed by NHS Lanarkshire. It can be accessed by anyone and aims to give people a better understanding of self-harm.

[www.selfharmlifelines.org.uk/register](http://www.selfharmlifelines.org.uk/register)

### Mindset

An on-line self-study package developed by NHS Tayside. It can be accessed by anyone and aims to give people a better understanding of mental health and mental ill health and includes links to useful resources.

[www.northlanmindset.org.uk/index.php?pageID=78](http://www.northlanmindset.org.uk/index.php?pageID=78)

### Samaritans on-line training

Samaritans have been training staff in the UK and Republic of Ireland for the last 10 years in simple and effective tools and techniques, to equip employees with the skills and confidence they need to handle emotional situations. These skills are useful because while employees can often feel sufficiently trained in the practicalities of their job role, many feel ill-prepared for the emotional challenges that come alongside it, such as dealing with difficult customers and staff conversations

[www.samaritans.org/your-community/workplace-staff-training](http://www.samaritans.org/your-community/workplace-staff-training)

### Getting it Right for Children/Young persons in distress (Run by Children 1st and CAMHS)

1. To promote a more thoughtful, considered and empathic response to Children and Young People who use challenging behaviour to communicate their distress.
2. To understand the meanings of challenging behaviours.
3. To promote reflective practice as a tool to develop strategies for responding.
4. To increase knowledge of attachment theory and understanding the brain development of children who have experienced significant developmental trauma – i.e. domestic abuse, neglect, physical and/or sexual abuse, inconsistent parenting (parents who struggle with mental health and or drug and alcohol misuse). Also parents who have experienced any of the above in their own childhoods and function with significant insecure or disorganised attachment patterns.

For more information on training follow:

[www.argyll-bute.gov.uk/social-care-and-health/child-protection-training-programme](http://www.argyll-bute.gov.uk/social-care-and-health/child-protection-training-programme)

# Chapter 4.2

## Looking after ourselves and others

It is important that those working with children and young people who are self-harming, have thoughts of suicide or who have attempted or completed suicide, monitor their own mental wellbeing on an ongoing basis, and acknowledge any distress they are experiencing.

### Be aware that a range of feelings can be evoked including:

- **Shock, Horror and Disgust** – it is common for people to feel shocked and disturbed when first working / interacting with someone who has self-harmed. It can be very upsetting to see or hear about a young person's wounds or scars.
- **Fear and Anxiety** – e.g. about any wounds or injuries or about what a young person might do next.
- **Distress and Sadness** – e.g. about the level of distress that the child/young person is experiencing and perhaps such actions may remind us of our own personal unresolved pain and sadness.
- **Incomprehension** – it may be difficult to understand how someone could hurt themselves.
- **Anger and Frustration** – people may feel angry and frustrated when working with a child or young person who self-harms especially if they have to put a lot of time and care into working with them. At times this can result in people minimising the self-harm or even viewing the young person as manipulative or attention seeking. Such anger can be a response to shock, fear and upset. It can be hard to acknowledge these feelings but is very important to do so in order that they can be managed. People may often feel angry at the people in the child or young person's life who have caused them upset.
- **Powerlessness and Inadequacy** – people may feel that their input appears to have little effect. They might begin to think that the child or young person cannot be helped or that they personally do not have the skills to do so. Staff may also feel pressure from families and other professionals that they should be able to stop the child or young person from harming themselves.

**Line managers should ensure that staff members are aware of appropriate supports they can access when needed, but particularly when they are involved in dealing with issues of self-harming and/or suicide with children and young people.**

The following things may help relieve stress encountered:

- Talk to a work colleague, line manager, clinical supervisor, and friend or partner (without compromising the confidentiality of the child or young person or their family) about how you are feeling
- Ensure that you maintain a positive work-life balance
- Take care of yourself – diet, sleep, exercise, and careful use of alcohol and medication
- Try some relaxation techniques such as breathing exercises, visualisation, yoga or Tai Chi
- Listen to relaxing music or have a bath
- If needed look for more professional support and debriefing after interactions/sessions with the child/young person

**If you are concerned about a colleague approach this with sensitivity and help them think through ways of accessing support for the difficulties they are experiencing. When we look after ourselves, we are better able to care for and support others.**

Warning signs may include:

**Physically** – frequent illness, poor sleep patterns, and low energy levels

**Cognitively** – avoiding tasks, poor memory, struggling to cope with demands

**Emotionally** – irritable, depressed, anxious, overwhelming sadness

**Socially** – wanting to be alone or more gregarious than usual

Your organisation can support staff by making available and promoting:

- Regular peer support and supervision including mentoring and coaching
- The idea that staff needing support is a normal, not abnormal part of caring
- The understanding that working with young people is a collaborative effort where team work is valued



# Chapter 5 Services

## Child and Adolescent Mental Health Services (CAMHS)

CAMHS provide a specialist service to children, young people and their families who are experiencing significant and complex mental health problems or mental illnesses such as Anorexia Nervosa, Depression, Psychosis, and Anxiety Disorders. The service also offers consultation and liaison where appropriate, and aims to enhance capacity in other services through teaching and training.

Referrals can be made by GPs, Community Paediatricians, Community Health Nurses/ School Nurses/ Health Visitors, Primary Mental Health Workers, Educational Psychologists and Social Workers. A referral can be made for any child or young person under the age of 16 years or 18 years if they are still in secondary education, where there are concerns about their mental health and wellbeing. The team welcomes telephone discussion to clarify whether a referral is appropriate.

Before a professional makes a referral they must have seen the child/young person and gained consent from the child/young person and family for the referral to be made. Referrers should always inform the GP and Named/Lead Professional of the referral with the individual/parent's consent. Referrers should consider the motivation of the child / young person and their families to participate in therapeutic work before a referral is made.

Referrals should be made in writing to the CAMHS team at one of bases listed below dependent on the child/young person's residential area. Urgent referrals can be discussed with a member of the team during office hours. Following assessment, a formulation is collaboratively developed which includes a summary of the salient problems the child/young person/family has and a plan of management. Management usually involves a combination of biological, psychological and social approaches, depending on the nature of the problem.

### For Helensburgh and Lochside:

**Helensburgh & Lochside CAMHS**  
The Victoria Integrated Care Centre  
93 East King Street  
Helensburgh, G84 7BU  
Tel: 01436 655 149  
Fax: 01436 655 143

### For Mid Argyll, Kintyre and Islay and Oban, Lorn and the Isles:

**MAKI & OLI CAMHS**  
**Aros Cottages**  
Blarbuie Road  
Lochgilphead, PA31 8LB  
Tel: 01546 606 082  
Fax: 01546 605 647

### For Cowal and Bute (CAMHS provided by Greater Glasgow and Clyde NHS):

**Larkfield CAMHS**  
Larkfield Child and Family Centre  
Larkfield Road  
Greenock, PA16 0XN  
Tel: 01475 504 447

### Out of Hours Cover:

#### Mid Argyll, Kintyre & Islay and Oban, Lorn and the Isles Localities

Please contact the sector consultant at the Argyll & Bute hospital in the first instance on 01546 602323.

#### Helensburgh & Lomond

Children under 12 years of age who require CAMHS input out of hours should present to the A&E Dept. of the Royal Alexandra Hospital in Paisley or the Royal Hospital for Sick Children at Yorkhill.

Young people aged 12 – 17 (inclusive) following assessment from a GP or A&E should present to the 1st on call general psychiatrist at Gartnavel Royal Hospital who will be supported by the 2nd on call CAMHS Higher Trainee.

As is normal practice Helensburgh & Lomond patients of all ages should still seek medical attention in the first instance via NHS 24 and the Out of Hours GP rather than self presenting at A&E unless in an emergency.

#### Cowal and Bute CAMHS

Larkfield Child & Family Centre  
Larkfield Road  
Greenock  
Renfrewshire, PA16 0XN  
Tel: 01475 504447



## The Abuse and Trauma Recovery Service (ATRS)

The Abuse and Trauma Recovery Service run by Children 1st, provides one-to-one therapeutic support, family work, as well as training and consultation for professionals where there is a child or young person under 18 years of age who has suffered trauma and/or abuse. The aim of the service is to assist in the recovery of children and young people affected by abuse and trauma. This service is co-located in the Child and Adolescent Mental Health Service bases in Lochgilphead and Helensburgh. The Mental Health and Wellbeing Resource Screening and Consultancy Service meets regularly to process referrals and ensure appropriate support is offered. This group is made up of representatives of Children 1st, Argyll and Bute CAMHS and the Local Authority Social Work and Educational Psychology Services.

Referrals should be made on the Referral Form which can be obtained through the contact below, or from Children 1st. Referrals can be accepted from any professionals working with a child/young person, ensuring that they discuss the referral with the child/young person and their parents/carers as well as with the GIRFEC Lead Professional. Referrals should be sent or emailed (if secure email address can be used) to:

### Argyll and Bute Council

Community Services  
Children and Families Admin Section  
Kilmory  
Lochgilphead  
PA31 8RT  
Email: A&Breferralschildren1st@  
argyll-bute.gov.uk

Once a referral is made a letter of acknowledgment will be returned with the date of the next Screening Group meeting. If you are unsure about making a referral please feel free to contact one of the CHILDREN 1st Abuse and Trauma Practitioners through the contact details below. If the referral is not felt to be appropriate the Resource and Screening Group will contact you, inform you of their decision and any appropriate advice. If the referral is appropriate it will be allocated to one of the CHILDREN 1st Practitioners. They will contact the referrer to gather more information by phone or will arrange a meeting. They will arrange an initial Referral Meeting with the child/young person and family/carers.

### Contact details:

For children and young people based in Cowal and Bute and Helensburgh and Lomond, please contact:

#### CHILDREN 1st Abuse and Trauma Practitioner

Helensburgh CAMHS  
Victoria Integrated Care Centre  
East King Street  
Helensburgh  
G84 7BU  
Tel: 01436 655 149

For children and young people based in Mid Argyll, Kintyre & Islay, Oban, Lorn and the Isles please contact:

#### Children 1st Abuse and Trauma Practitioner

Lochgilphead CAMHS  
Aros Cottages  
Blarbuie Road  
Lochgilphead  
PA31 8LD  
T: 01546 606 082

## Primary Mental Health Workers

The Primary Mental Health Workers (PMHW) provide a service within the CAMHS Framework. They work with a small number of young people who have mental health needs that cannot be met by other professionals for example guidance teachers and school nurses but do not require the intense intervention by services such as CAMHS (Child and Adolescent Mental Health Service) and educational psychology.

They work with young people aged 10-16 (or up to 18 if still attending school).

They do this in one of three ways.

**1. Consultation. That is discussion of a young persons needs with professional working with that young person and/ or their family. It may involve support, advice and skills development to enable the professional to continue to support the young person. Consultation times will be available locally, please contact local PMHW for details of your area.**

**2. Education and Training. This may be with any group about mental health issues affecting young people.**

**3. Clinical Interventions. Provide assessment and short-term focussed interventions to young people with mental health needs.**

There is one part-time PMHW in each locality of Argyll & Bute CHP. Most cover a large geographical area. They are part of the Children and Families health team and work closely with school health.

They do not provide an emergency service and young people may have to wait some time to be seen.

## Educational Psychology

Educational Psychologists (E.P) are employed by Local Authority Education Departments and form the council's Psychological Service. They work as members of the support team within schools and communities and as such may have significant information to offer in relation to the needs of individual children and young people. The aim of Argyll & Bute's Psychological Service is to promote the wellbeing and development of all children and young people using the knowledge and evidence base of child psychology. The EP can offer support for adults involved with situations where young people have self-harmed or engaged in suicidal behaviour, either in terms of general advice highlighting appropriate supports and materials or through one to one intervention following an incident. The EP would also be able to provide consultation or support to the child, young person, parents of other pupils.

### Contact details:

A list of education psychologists is available on the Argyll & Bute website at:

[www.argyll-bute.gov.uk](http://www.argyll-bute.gov.uk)

The Principal Education Psychologist can be contacted at:

#### Community Services: Education

Psychological Service  
Argyll House  
Alexandra parade  
Dunoon, PA23 8AJ  
Tel: 01369 708537

Child Health Admin can be contacted on [chsp.bute@nhs.net](mailto:chsp.bute@nhs.net) or 01700 894566 and will be able to give information on any enquiries regarding who is the Health Visitor or School Nurse for an area.

### Referrals

Any potential referral should be discussed with the local PMHW during a consultation time prior to referral being made. This will help to clarify whether or not the referral meets the referral criteria of the service, or whether another agency would be more appropriate.

Referral criteria include the young person has a mental health need that does not meet criteria for CAMHS, has a child's plan, would be appropriate for short-term focussed intervention and has already had intervention from e.g. School Nurse, or school staff).

Referrals should come via a child's plan meeting or Medical Referral.

### Self-Harm

A young person who has been self-harming may be appropriate to refer if they meet the criteria for referral i.e. would benefit from short-term focussed intervention to address specific issue. This again should be discussed with local PMHW prior to referrals being made.

If the young person is thought to be at risk, is part of a complex case or has suicidal ideation the referral should be made directly to CAMHS.

### Contact details:

Cowal and Bute	01369 708374
Helensburgh and Lomond	01436 655012
Mid-Argyll Kintyre and Islay	01586 555830
Oban, Lorn and Islands	01631 518992

#### Helen Martin

Advanced Nurse  
Co-ordinator Vulnerable Groups  
Cowal & Bute and Helensburgh  
[helenhmartin@nhs.net](mailto:helenhmartin@nhs.net)  
07920 548252

#### Lynne Merrylees

Advanced Nurse  
Co-ordinator Vulnerable Groups  
MAKI and OLI  
[lmerrylees@nhs.net](mailto:lmerrylees@nhs.net)  
07901 510199

## Argyll and Bute Council Social Work Services

The Local Authority has a statutory duty to safeguard and promote the welfare of children and young people in need in the area, including those in need of protection.

Argyll and Bute Council Children and Families Service provides support to children and young people up to the age of 16 or where young people remain in full-time education up to the age of 18. Young people who have been Looked After and Accommodated by the authority and who wish to continue to receive support can continue to receive advice, guidance and assistance from the Throughcare and Aftercare Team up to and including the age of 25.

Self-harming behaviours do not necessarily indicate that a child or young person in need or in need of protection, and depending on the wider family circumstances it may be that the role of the Children and Families Service in dealing with some referrals will be to provide guidance on where to receive more specialist support.

However self-harming behaviours present in a proportion of the children and young people receiving services from Argyll and Bute Council including those who are Looked After and Accommodated. Where a child or young person is self-harming, staff providing support will follow the guidance in this document.

If a young person who self-harms is over 16 years of age, has left school, has no Named Person, is not known to the Children and Families Service and appears to meet the criteria for an adult at risk of harm, an adult protection referral should be made. Adult Services staff will make inquiries to determine if the young person is an adult at risk and will ensure that they are offered the most appropriate advice and support.

Joint guidance on the interface between child protection and adult protection.

[www.argyll-bute.gov.uk/adult-protection](http://www.argyll-bute.gov.uk/adult-protection)

Argyll and Bute Council has a clear Transitions protocol to manage the transfer of services to young people in need from Children and Families to Adult Services. An underlying principle of this protocol is that the young person in need or in need of protection will receive support from whoever is best placed to offer appropriate intervention in consultation with the young person and their family.

### Referrals to Argyll and Bute Council for support for a child or young person who may be in need or in need of protection can be made by anyone:

- Call the Social Work Enquiry line on 01546 605517 and ask to speak to the duty worker
- Use the online enquiry form

[www.argyll-bute.gov.uk/forms/social-work-enquiry-form](http://www.argyll-bute.gov.uk/forms/social-work-enquiry-form)

- Out of hours call the Social Work Emergency Service on 01631 566491 or 01631 569712
- Argyll and Bute Council Child Protection website contains a list of support helplines and support including contacts for Papyrus (prevention of young suicide)

[www.argyll-bute.gov.uk/support-helplines-and-websites](http://www.argyll-bute.gov.uk/support-helplines-and-websites)

### Referrals in writing can be made to the following offices:

#### Oban, Lorn and the Isles

Duty Worker  
Community Services  
Argyll and Bute Council  
Soroba Road  
Oban, PA34 4JA

#### Campbeltown

Duty Worker  
Community Services  
Argyll and Bute Council  
Old Quay Head  
Campbeltown, PA28 6ED

#### Mid-Argyll

Duty Worker  
Community Services  
Argyll and Bute Council  
Mid-Argyll Community Hospital and Integrated Care Centre  
Blarbuie Road  
Lochgilphead, PA31 8JZ

#### Islay

Duty Worker  
Community Services  
Argyll and Bute Council  
Killarow House  
Bowmore  
Isle of Islay, PA43 7HW

#### Dunoon

Duty Worker  
Community Services  
Argyll and Bute Council  
Dolphin Hall Annexe  
Manse Avenue  
Dunoon, PA23 8DQ

#### Rothesay

Duty Worker  
Community Services  
Argyll and Bute Council  
Union Street  
Rothesay  
Isle of Bute, PA20 OHD

#### Helensburgh and Lomond

Duty worker  
Community Services  
Argyll and Bute Council  
East Clyde Street  
Helensburgh, G84 7PG

## Public Health Nurses/ School Nurses

There are four Children and Families Health teams across Argyll and Bute comprising of health visitors, school nurses, staff nurses, nursery nurses and admin support. The teams also work closely with other agencies, e.g. social services and early years services.

Health visitors and those who work within Children and Families Health Teams work with all children and families through the coordination and delivery of the core universal service.

## Health Visitors

**In order to ensure an effective service health visitor must focus their skills and expertise on the areas where they can make the greatest impact:**

- **Promotion;** of health and well being for young children and their families
- **Prevention;** through assessment, screening and surveillance, analysis and recognition of health and wellbeing needs
- **Early intervention;** improving outcomes by analysing and providing/coordinating support (early in the child's life, early in the spectrum of complexity or early in the life of a crisis) within a multi disciplinary/ agency approach.

The role is pivotal to the GIRFEC practice model (Getting it Right for Every Child) within which the health visitors provide a universal service to all families with preschool children and act as 'named person' for this section of the population.

## School Nurses

School nurses work with pupils, teachers and parents to promote good health and wellbeing in school age children and young people.

### School nursing duties include:

- Raising awareness of issues that can have a negative effect on health (e.g. smoking and drug abuse)
- Promoting healthy living, including safe-sex education
- Administering immunisations and vaccinations
- Carrying out developmental screening
- Contributing to social education classes
- Providing training to teachers on healthcare issues and advising on school health policy
- Supporting children with medical needs such as asthma, diabetes, epilepsy or mental health problems.

## The Police

In an emergency call 999. To report a crime call 101. For further information on Police Scotland please follow the link

[www.scotland.police.uk/police-stations/](http://www.scotland.police.uk/police-stations/)

## Scottish Ambulance Service

In an emergency call 999. For further information on the Scottish Ambulance service please follow the link

[www.scottishambulance.com](http://www.scottishambulance.com)





# Chapter 6

## The Legal Framework

**Reference has been made at page 12 of this document to the attitude of a young person in question with regard to informing members of their family, particularly their parents, of disclosures made to professionals about self-harming feelings or behaviour.**

The law on capacity is dealt with under the Age of Legal Capacity (Scotland) Act 1991. Broadly speaking, the Act provides that a person under 16 years of age shall not have capacity to enter into transactions. There are, however, a number of significant exceptions to that general rule whereby an individual under the age of 16 can enter into a transaction having legal effect. Notably, this would include the right to raise civil proceedings, including instruction of a solicitor, and to consent on their own behalf to medical treatment or procedures. The test is essentially, in the case of medical treatment, whether the individual understands the nature and possible consequences of such treatment. A similar test would be applied in respect of the raising of legal proceedings, namely, the individual having been deemed by the qualified professional (solicitor) to have a general understanding of what it means to do so. (Norrie, 1999).

Capacity in such situations is therefore largely to do with the individual having an adequate understanding of the consequences of a particular course of action. It is suggested that a similar test would apply in determining whether a young person or child has capacity to withhold consent for parents or family members to be informed.

As previously stated, young people will and should be encouraged wherever possible to inform and involve family members. There is a presumption that children above the age of 12 will have such capacity but this presumption can clearly be rebutted where the child is not considered to have sufficient maturity and understanding of the issues and consequences. Equally, it is quite possible that the presumption may be rebutted in the case of a child under the age of 12 years where they are considered to have such understanding.

### Confidentiality

Children and young people have similar rights to confidentiality as adults. The obvious complicating factor is that parents of children have a legal obligation to safeguard and promote the health, development and welfare of the child until they reach the age of 16. There is accordingly potential for tension between, on the one hand, any withholding of information from a parent relating to the health, development and welfare of the child and, on the other, an ability by the parent to adequately discharge their parental responsibilities. It is not possible to fully explore this difficult legal question within this document; however, it is probably fair to say that parents will generally be able to discharge their legal obligations in this respect, even in the absence of certain information.

It has been argued as a very general rule that this becomes more the case as children become older.

The nature of the information and the circumstances in which it is provided will very much determine the status of information as confidential. Personal or private information provided to the professional on the understanding (implied or explicit) that there shall be no further disclosure without the consent of the individual will be confidential. There are situations where breach of confidentiality can be justified. Most notably, where there is a reasonable concern that a child or young person may be at risk of significant harm any professional requirement to maintain confidentiality will be overridden. It is suggested that professionals need to ensure that children and young people are informed at the outset that confidentiality cannot be absolutely guaranteed but that every reasonable attempt will be made to discuss with them beforehand a situation where absolute confidentiality cannot reasonably be maintained. It is open to professionals to revisit the issue of consent with the young person prior to any proposed breach. Children and young people should also be made aware at the outset of any requirement by professionals to share information which they provide with other relevant agencies. Principle 7 of Caldecott criteria – The duty to share information can be as important as the duty to protect patient confidentiality

Health and social care professionals should have the confidence to share information in the best interest of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

### Data Protection

Data protection is a vast and complex subject in its own right. The rules under the Data Protection Act 1998 about the capacity of an individual to exercise rights in relation to information held about them are similar to the terms of the Age of Legal Capacity (Scotland) Act 1991, already described. A person of 12 years shall be presumed to be of sufficient mental capacity to be able to exercise their rights and make decisions regarding their own information. Section 66 of the Data Protection Act provides that where a question fails to be determined in Scotland as to the capacity of a person under the age of sixteen years to exercise any right conferred by any provision of the Act, that person shall be taken to have that capacity where he has a general understanding of what it means to exercise that right. Without prejudice to that generality a person of 12 years of age or more shall be presumed to be of sufficient age and maturity to have such understanding.

Information held about individuals under this protocol may constitute sensitive personal data under the Data Protection Act and, needless to say, must be held and stored securely, whether in manual or electronic form.

**The Data Protection Act contains eight fundamental principles, seven of which are as follows:**

- Personal data should be processed fairly and lawfully.
- Personal data shall be obtained only for one or more specified lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
- Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
- Personal data should be accurate and, where necessary, kept up to date.
- Personal data processed for any purpose or purposes shall not be kept longer than as necessary for that purpose or those purposes.
- Personal data should be processed in accordance with the rights of the data subjects under this Act.
- Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss of destruction of, or damage to personal data.

The eighth data protection principle is considered irrelevant for the purposes of this document.

Individuals have a right to know what information is held about them. As previously stated, if information held about individuals is likely to be shared with other agencies, the individual should be so aware. Professionals are referred to existing guidance and procedures within their service relating to data protection and the holding, disclosure and sharing of personal information. Further guidance is available from the website of the Information Commissioner at: [www.ico.org.uk](http://www.ico.org.uk)

Advice is also available to Council Services from Corporate Services Legal Services Division at [www.argyll-bute.gov.uk/council-andgovernment/freedom-information](http://www.argyll-bute.gov.uk/council-andgovernment/freedom-information).



# Chapter 7

## Understanding and Assessing Risk

This guidance recommends that all staff/volunteers be trained in a minimum of SafeTALK for suicide awareness and in ASIST or STORM for suicide risk assessment.

For some services assessment of immediate risk is specific and staff should be trained in the policy and risk assessment of their service, areas to consider might include:

### Specific factors

- Disability
- Cultural
- Communication difficulties

### Nature and frequency of injury

- Does the injury require immediate attention?
- Has the young person ingested or taken anything that needs immediate action?
- Ask what self-harming thoughts and behaviours have been considered or carried out and how often?

### Other behaviours

- Use of drugs/alcohol
- Extreme sports
- Fast driving

### Child Protection

- Consider if there are any child protection issues and if so address in accordance with respective agency's protocols.

### Adult protection

- If the young person is over 16 years of age and appears to meet the criteria for an 'adult at risk', an adult protection referral can be made to social work so that staff from the different agencies can work together to determine who is best placed to support that individual.

### Health

- Ask about health issues such as eating, sleeping, anxiety or low mood.

### Underlying issues

- Explore what issues are troubling the young person. These may include family, social isolation, bullying and relationships.

### General Distress

- Assess level of distress
- What would help the young person to feel better?
- Ask what support the young person is getting.

### Suicidal Intent

Self-harm and suicide are not automatically linked but it is useful to explore the intent behind the self-harm behaviour.

- Ask in a clear and straightforward manner if there was any intention of suicide. Be persistent if necessary
- Consider means, plan and intention
- See Chapter 5 for suicide intervention training.

### Future Support

- Provide strategies that have been used to resist the urge to self-harm or stop it from getting worse. (See Appendix B for ideas)
- Ask who knows about the situation that may be able to help
- Discuss possible referral with young person e.g. CAMHS, PMHW etc
- Discuss who you will contact and what you will say.

Staff dealing with suicide and self-harm should be aware of the impact on themselves and colleagues. Seek support and consider self care needs. See Chapter 4 for ideas.

## 7a: Suicide and Self-harm risk assessment – record forms and how to use them

What follows is a set of record forms and guidance on how to use them. They provide a guide to for all agencies working with children and young people. It is suggested that all agencies make use of these documents and to make adaptations to make them service specific, i.e. referral routes and designated/named people. The flowchart on page 44 will help guide you through appropriate actions when intervening and supporting a young person struggling with self-harm or thoughts of suicide. Again this should be adjusted to reflect service specific protocols.

### Record of meeting

This form is designed to aid the support worker in recording a summary of their contact with any young person. When this is completed it is recommended that copies are passed to a line manager or coordinator and to other designated named people known to be involved in working with a young person.

Where staff are supporting a high number of young people it may not be practical to complete this after every contact, so long as some record is kept. For cases where concern is high, a system of formal recording and sharing of information with other appropriate agencies is advised. Always work within your child protection guidelines and respective agency's governance arrangements

### Safe plan

This form can be used with the young person to develop and make explicit their safe plan. The form should be given to the young person, with a copy kept by the support worker involved. If agreed with the young person, copies could be shared with the family and/or other professional.

There is no space included for the young person's name. This approach was felt to be useful to protect the young person's privacy and confidentiality in case they lose the form or it is discovered by someone else. In addition, if it is their plan, they do not need the administrative formality of the line for their name, since it is their plan they can customise it in any way they wish.

The support worker should ask the young person for a copy of this plan for their record and, as a backup, in case the young person loses theirs. Alternatively, the young person may wish for the master to be kept by the support worker, this safe plan must be treated with respect and trust and confidentiality respected.

### Checklists

Low, medium and high level of concern. These forms are used at:

- The point of first identification of concern about a young person's self-harm
- Following a formal monitoring of their progress
- When an increase in the level of concern is identified.

The support worker or coordinator will usually coordinate this assessment and support process, ensuring that the various actions are carried out and recorded, copies will be given to staff involved in supporting the young person.

# Distribution List

Distribution List	Young Person	Co-ordinator (School or external agency)	Pupil Support Teacher	Pupil's School File (PPR7)	Other Supporting Staff* <small>(*as appropriate for example, psychologist, Health Visitor, or social worker)</small>
Support Plan	•	•	•	•	•
Recording of Meeting		•	•	•	•
Checklist		•	•	•	•

**As other staff and those from other agencies will have access to these reports it is imperative that they too fully respect this trust and confidentiality and to handle any information contained with utmost sympathy and understanding.**

They should liaise with the co-ordinator before meeting with the young person or their family. Indeed, it is likely that the best course of action is to leave any discussion of the Safe Plan and its contents to the staff directly supporting the young person.

In particular, these staff should be alert to any request by the young person regarding the involvement to be shared with them. Support staff should make them aware of any such issues and make these other staff member aware of their legal responsibilities when handling such content and confidentiality issues.



## Recording of the meeting with Young Person (Pg 1 of 2) Concern: self-harm and/or suicide behaviours

Name of young person .....

Place of meeting .....

Date and Time .....

Interviewed by .....

Post .....

### Overall Appearance

### Description of suicide/self-harm behaviour, including injury (if applicable)

Describe e.g. any physical injury and medical support required.

### Needs identified

Practical, physical and emotional support needed – both immediate and long-term.

## Recording of the meeting with Young Person (Pg 2 of 2) Concern: self-harm and/or suicide behaviours

### Function of the young person's behaviour

Possible questions could include:

- How do you think self-harm helps you?
- Do you know why suicide is important to you?
- Does that make sense?
- Do you know how this helps you?

### Other points/issues from discussion

### Next steps (agreed with young person and professional steps)

Detail what information can be shared and with whom

Name of agreed adult contact:

Telephone:

Recommendations or advice given:



## My Safe Plan

<p><b>Risk to Avoid</b></p> <p>How to keep myself safe</p>
<p><b>My Resource</b></p> <p>Things that I can do that will help</p>
<p><b>Who can help me and how</b></p>
<p><b>Safety Contacts</b></p> <p>Childline: 0800 1111</p> <p>Breathing Space: 0800 83 85 87</p> <p>Samaritans: 08457 909090</p> <p>Email: jo@Samaritans.org</p>

## Low level of concern Checklist of action on self-harm or suicide

Name of young person .....

The following provides a quick overview of the action you should take when assessing and providing support to a person who is self-harming to a degree which is not likely to cause serious harm, have long term health implications or result in accidental death.

Date	Action	Task undertaken by	Date Completed and Signature
	Joint discussion and agreed assessment and support plan		
	The young person has been asked if they are self-harming. You have established that currently there is a low level of concern. The self-harm is not likely to cause permanent harm or accidental death.		
	You have asked the young person if they have had any suicidal thoughts or plan. You have established that currently there is low concern. The self-harm is not likely to cause permanent harm or accidental death.		
	Findings reported to co-ordinator. <b>Co-ordinator</b> .....		
	If young person is under 16 years old or is still at school, discussion about involving parents has been extensive and parents are informed only if young person gives permission.		
	Person named who will continue to monitor the young person. <b>Name</b> .....		
	The support needed and who will provide it is agreed with the young person. <b>Support Worker</b> .....		
	Young person is supplied with details of support agencies which they can contact on a voluntary basis.		
	Referral is made to supporting agencies if appropriate.		
	Advice on care of injuries is given or, if necessary, care is provided. Remember this should be given by a first aid trained professional or health professional.		
	All action and findings are documented.		

## Medium level of concern Checklist of action on self-harm or suicide

Name of young person .....

The following provides a quick overview of the action you should take when assessing and providing support to a person **who is self-harming to a degree which could cause serious harm**, have long term health implications or result in accidental death if immediate action and care are not secured.

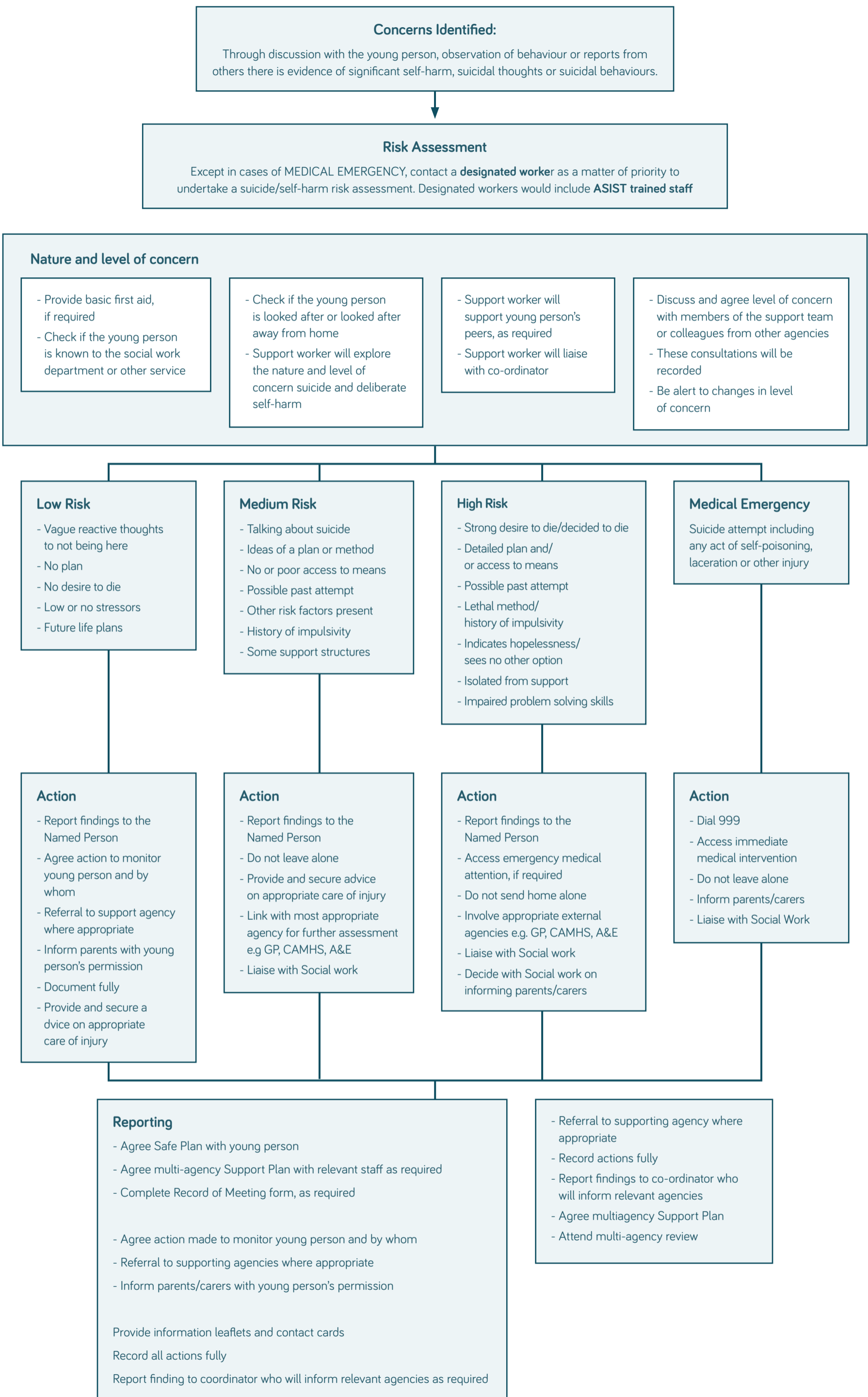
Date	Action	Task undertaken by	Date Completed and Signature
	Joint discussion and agreed assessment and support plan		
	The young person has been asked if they are self-harming. You have established that currently there is a low level of concern. The self-harm is not likely to cause permanent harm or accidental death.		
	You have asked the young person if they have had any suicidal thoughts or plan. You have established that currently there is low concern. The self-harm is not likely to cause permanent harm or accidental death.		
	Findings reported to co-ordinator. <b>Co-ordinator</b> .....		
	If young person is under 16 years old or is still at school, discussion about involving parents has been extensive and parents are informed only if young person gives permission.		
	Person named who will continue to monitor the young person. <b>Name</b> .....		
	The support needed and who will provide it is agreed with the young person. <b>Support Worker</b> .....		
	Young person is supplied with details of support agencies which they can contact on a voluntary basis.		
	Most appropriate agency is contacted to facilitate further assessment.		
	Referral is made to supporting agencies if appropriate.		
	Advice on care of injuries is given or, if necessary, care is provided. Remember this should be given by a first aid trained professional or health professional.		

## High level of concern Checklist of action on self-harm or suicide

Name of young person .....

The following provides a quick overview of the action you should take when assessing and providing support to a person **who is self-harming to a degree which could have implications or cause immediate accidental death**.

Date	Action	Task undertaken by	Date Completed and Signature
	Seek support immediately. Do not leave the young person alone. Name the person who assists you. <b>Support Worker</b> .....		
	Joint discussion and agreed assessment and support plan.		
	Young person has been asked, and you are certain of the intentionality of their self-harm actions. This initial discussion with young person makes evident that permanent harm or accidental death could be imminent due to self-harm.		
	You have asked the young person if they have any suicidal thoughts or plans. You have established that currently there is a high level of concern. Their behaviour could or is likely to cause permanent harm or death.		
	You have established whether or not the young person has a history of suicidal attempts or there is a history of suicide attempts or completed suicides by someone close to them.		
	Seek support immediately. Do not leave the young person alone. Name the person who assists you. <b>Support Worker</b> .....		
	Access immediate medical attention or treat wounds appropriately. (Remember this should be given by a first aid trained professional or health professional).		
	Inform parents or guardians. If there are good reasons not to, the alternative arrangements have been made as this person should not be alone. Automatic alert to social work.		
	A Named person has agreed to take the young person home or to a safe place to stay, agreed by social work. <b>Named Person</b> .....		
	Person named who will continue to monitor the young person. <b>Name</b> .....		
	The support needed and who will provide it is agreed with the young person. <b>Support Worker</b> .....		
	Findings reported to co-ordinator. <b>Co-ordinator</b> .....		
	All action and findings are documented.		





**Follow up**

The named person or lead professional should

- Review situation within 1 week of assessment and maintain contact with the young person
- Maintain contact with parents/carers
- Liaise with other agencies involved
- Document fully

- Maintain contact with young person during this period
- Maintain contact with parents/carers as appropriate

- Liaise with other agencies involved
- Be alert to changes in levels of concern

- If there are changes in Level of Concern work through Flowchart again
- Young person and support worker follow up commitment to Safe Plan

- Follow up commitment to multi-agency support plan, as required
- Multi-agency reviews, as required

**Contact with parents/carers**

\*Unless to do so would put the young person at greater risk. If this is suspected to be the case, alert social work to your concerns. Seek joint agreement on the best way forward for the young person.

The Named Person or Lead Professional should

- Review the situation within 1 week of assessment and maintain contact with the young person
- Maintain contact with parents/carers\*
- Liaise with other agencies involved
- Document fully

**Remember**

- Try to make them feel safe
- Try to be calm and reassuring
- Listen and take their concerns seriously
- Remember self-harming is usually a coping mechanism
- Don't make them promise not to do it again



# Chapter 8 Appendices

## Appendix A

### NICE self-harm Quality Standards – June 2013

- People are treated with compassion, respect and dignity
- They receive an initial assessment of physical health, mental state, social circumstances and risk of suicide
- They receive a comprehensive psychosocial assessment
- They receive the monitoring they need to keep them safe
- They are cared for in a safe physical environment
- Collaborative risk management plans are in place
- They have access to psychological interventions
- There is a transition plan when moving between services.

Find out more at:

[www.publications.nice.org.uk/quality-standard-for-selfharm-qs34](http://www.publications.nice.org.uk/quality-standard-for-selfharm-qs34)



## Appendix B

### List of tips to try to help reduce self-harm behaviour

These ideas on harm minimisation are taken from the Argyll & Bute Choose Life Project's half day training on dealing with self-harm. It is important that they are suggestions and that they will only work if they make sense to the person who is self-harming. Do not try to impose these strategies nor see it as a failure if someone adopts a strategy but still self-harms. Minimisation is only one of the steps that someone needs to take on their journey to stopping self-harming. Do not use these ideas if you are not confident about suggesting and supporting them. They might help guide the young person in developing their safe plan.

#### What do people want?

- Acceptance
- Understanding
- Kindness
- Hope
- Control of own situation
- Respect
- Perseverance
- Honesty

#### How can we help?

- Information (don't underestimate this)
- Being aware
- Giving opportunities to talk
- Sensitivity and respect
- Support, compassion
- Signposting to counselling/therapies/web/helplines
- Promote harm minimisation and alternative coping strategies

#### Feeling Angry or Frustrated – try to externalise the feeling:

- Slash an empty plastic bottle, shirt or sock
- Make a soft cloth doll – cut and tear it
- Flatten aluminium cans for recycling
- Hit a punching bag or pillow
- Rip up an old newspaper or phone book
- Make clay models and smash them
- Throw ice in the bath hard enough to shatter the ice

#### Unhappy, depressed - try to take comfort:

- Take a warm bath with oil or bubbles
- Curl up under a quilt – baby yourself
- Use incense and soothing music
- Smooth scented body lotion into the parts of your body you want to hurt
- Call or visit a friend to talk about things you like
- Make treats to eat

#### Feeling unreal, dissociated - Try to bring yourself back:

- Squeeze ice hard (burning sensation)
- Put a finger into frozen food for one minute
- Bite into a hot pepper or chew ginger root
- Rub liniment under your nose
- Snap your wrist with a rubber band
- Take a cold bath
- Focus on breathing

#### Wanting focus

- Do a task that is exacting and requires focus and concentration
- Computer game, needlework etc
- Pick an object in the room, write a detailed description of it including texture, colour, size, weight etc
- Pick a subject and research it on the web
- Eat fruit “mindfully”

#### Wanting to see blood:

- Draw on yourself with a red felt-tip pen
- Slightly warm up a bottle of food colouring and let it trickle out on the place you want to cut
- Draw on the places you want to cut with an ice-cube of frozen food colouring
- Draw a picture of yourself including where you want to cut

#### Wanting to see scars:

- Get a henna tattoo kit. You put the henna on as a paste and leave it overnight; the next day you can pick it off as you would a scab and it leaves an orange-red mark behind

#### Crisis Self Help Questions:

- Why do I feel the need to hurt myself?
- Have I been here before? How did I deal with it?
- What else can I do that won't hurt me?
- How do I feel right now?
- How will I feel when I am hurting myself?
- How will I feel afterwards?
- Do I need to hurt myself?
- Can I give myself 5 (or 10, or 15) minutes to try and let the need to harm reduce? And repeat if needs be.

#### Support Harm Minimisation - Ensure awareness of:

- Not sharing cutting implements with anyone
- Keeping cuts shallow
- Keeping first aid supplies on hand and know what to do in case of emergencies
- Doing the minimum required to ease distress
- Setting limits and keeping within them
- Need to clean up and bandage wounds
- Know there is no safe level of self-poisoning
- Alternative coping strategies, distraction, substitution, comfort box.

#### Make a comfort box, could contain:

- Stress ball, plasticine.
- Bubble wrap for popping.
- Dried chilli to bite on; paper to rip up;
- List of trusted people to call, or help-lines/websites.
- CDs of music that helps
- Body lotion, to care & soothe, without wounding
- A reminder note to self of how you regretted self-harm last time, after initial relief had passed.
- A letter to self about your decision to try and stop self-harm
- Letter from friend or family highlighting what good qualities they see in you.
- Photo reminder of a goal to stay well for, a country to visit etc

#### Longer Term Strategies:

- Encourage them to make sense of their self-harm
- Guide them to keep safe
- Work on reduction, them choosing to try and stop
- Teach basic first aid and outline risks, NB no safe level of self-poisoning
- Work on communication skills
- Self-help – eg: list of achievements/goals, emotional diary, joining a group



## Appendix C

### Local and National Resources

#### Local Contacts

The best way to source local contacts and organisations that can support work with young people is to use The Signpost, a service directory listed by locality that can be found at:

- **Mid Argyll, Kintyre and Islay**

[www.nhshighland.scot.nhs.uk/ourareas/argyllandbute/documents/directory%20maki%20nov%202012%20%20copy.pdf](http://www.nhshighland.scot.nhs.uk/ourareas/argyllandbute/documents/directory%20maki%20nov%202012%20%20copy.pdf)

- **Helensburgh and Lomond**

[www.nhshighland.scot.nhs.uk/ourareas/argyllandbute/documents/helensburgh%20mh%20directory%20august%2012%20web%20.pdf](http://www.nhshighland.scot.nhs.uk/ourareas/argyllandbute/documents/helensburgh%20mh%20directory%20august%2012%20web%20.pdf)

- **Bute and Cowal**

[www.nhshighland.scot.nhs.uk/ourareas/argyllandbute/documents/directory%20bute%20and%20cowal%20may%202012%20web%20copy.pdf](http://www.nhshighland.scot.nhs.uk/ourareas/argyllandbute/documents/directory%20bute%20and%20cowal%20may%202012%20web%20copy.pdf)

- **Oban, Lorn and the Isles**

[www.nhshighland.scot.nhs.uk/ourareas/argyllandbute/documents/directory%20oban%20april%202012%20web%20.pdf](http://www.nhshighland.scot.nhs.uk/ourareas/argyllandbute/documents/directory%20oban%20april%202012%20web%20.pdf)

You could also try [www.ALISS.org](http://www.ALISS.org) which list resources across the country by local area.

Do remember that information may go out of date quite quickly.

#### National Emergency Help lines

It is inevitable that at some point a situation will arise when a child, young person and their family will be looking for some advice or support late on a Friday, at the weekend or during a holiday period. At these times sources of help include:

##### Breathing Space

A free and confidential phone line for anyone experiencing low mood manned by trained advisors with mental health, counselling and social work backgrounds, who provide advice, support and understanding. Also provides support to family members, partners and friends who are concerned about the wellbeing of their loved ones. 24 hours at weekend, 6pm – 2am Monday to Thursday

Tel: 0800 83 85 87. [www.breathingspacescotland.co.uk](http://www.breathingspacescotland.co.uk)

##### Childline

A 24 hour helpline for children and young people needing help with problems however big or small. Calls are free and confidential.

Tel: 0800 1111. [www.childline.org.uk](http://www.childline.org.uk)

##### NHS 24

NHS 24 is designed to help you get the right care, from the right people, at the right time, Call free on 111 if you are ill and it can't wait until your regular NHS service reopens. NHS 24 is responsible for the delivery of Clinical Assessment and Triage, health advice and information by telephone and online services to the population of Scotland 24 hours a day 365 days of the year. Telephone: 111.

[www.nhs24.com](http://www.nhs24.com)

##### Samaritans

Provide a confidential, non-judgemental emotional support for people who are distressed or experiencing feelings of despair, including those contemplating suicide.

Tel: 08457 90 90 90 (UK). [www.Samaritans.org](http://www.Samaritans.org)

##### Child Bereavement UK:

Child Bereavement UK supports families and educates professionals when a baby or child of any age dies or is dying, or when a child is facing bereavement. Our vision is for all families to have the support they need to rebuild their lives.

##### Bereavement Services

Tel: 01494 568900 Monday to Friday 9am to 5pm  
[www.childbereavementuk.org/](http://www.childbereavementuk.org/)

##### Cruse Bereavement Care Scotland

A Registered charity which offers free bereavement care and support to people who have experienced the loss of someone close.

Tel: 0845 600 2227. [www.crusescotland.org.uk](http://www.crusescotland.org.uk)

#### Depression Alliance

A leading UK charity for people with depression, providing information and support. Do not currently offer a helpline but people can call and request an information pack.

Tel: 0845 123 23 20. [www.depressionalliance.org](http://www.depressionalliance.org)

#### Gatepost

A listening and support service for Scotland's farming and land-based community, run by Scottish Farming Charity RSABI. Mon-Fri 9-5pm

Tel: 0300 111 4166 (standard rate). [www.rsabi.org.uk/gatepost](http://www.rsabi.org.uk/gatepost)

#### Harmless

provides a range of services about self-harm including support, information, training and consultancy to people who self-harm, their friends and families and professionals.

[www.harmless.org.uk](http://www.harmless.org.uk)

#### Living Life

Free telephone service available to anyone over the age of 16 years who is suffering from low mood, mild to moderate depression or anxiety. Living Life can be accessed by a referral by a GP or by calling the number below between 1-9pm Mondays to Fridays. A questionnaire will be sent out for completion and once this has been received by the team they will advise on the most suitable type of support for the young person (possibly some guided self-help work or work with a therapist).

Tel: 0800 328 9655

#### Mind

Home Information & support Guides to support and services Children and young people ,Gives information about where children and young people can get support with a mental health problem.

[www.mind.org.uk/information-support/guides-to-support-and-services/children-and-young-people/](http://www.mind.org.uk/information-support/guides-to-support-and-services/children-and-young-people/)

#### National Self-harm Network

NSHN provide support, advice and advocacy services to people affected by self-harm directly or in a care role. The charity runs an online support forum, a safe environment where members can express their feelings and thoughts and receive help from their peers who have the greatest understanding and empathy.

Support is also available via email. This service is supervised and is manned by empathetic volunteers who can offer support and advice.

Tel: 0800 622 6000 (7pm to 11pm Thursday-Saturday, 6.30pm-10.30pm Sunday) [support@nshn.co.uk](mailto:support@nshn.co.uk). [www.nshn.co.uk](http://www.nshn.co.uk)

#### Penumbra

Creates innovative ways to support people experiencing mental ill health to move forwards.

Tel: 0131 475 2380. [www.penumbra.org.uk](http://www.penumbra.org.uk)

#### PETAL

(People Experiencing Trauma and Loss) provide practical and emotional support, self-help, group support, information and advice to people (adults and children) affected by suicide or murder.

Tel: 01698 324 502

#### Survivors of Bereavement by Suicide (SOBS)

Self-help, voluntary organisation for people bereaved by suicide. They offer practical support to those over the age of 18 through telephone contacts, bereavement packs, group meetings, one-day conferences, residential events and information relating to practical issues and problems.

National Helpline 0300 111 5065 9am to 9pm every day  
[www.uk-sobs.org.uk](http://www.uk-sobs.org.uk)

#### Trauma Counselling Line Scotland

Free national telephone counselling service for adult survivors of childhood abuse.

Tel: 08088 020 406

#### Young Minds

Free, confidential telephone service providing information and advice for any adult with concerns about the mental health of a child or young person.

Tel: 0808 802 5544. [www.youngminds.org.uk](http://www.youngminds.org.uk)

#### YouthNet UK

'The Site': A registered charity, its website includes information and advice about understanding and managing self-harm.

[www.selfharm.org.uk](http://www.selfharm.org.uk)

#### Self-Injury.Net

A support community for people who self-harm. Neither pro nor ante self-harm. Members of the website can sign up for a bi-monthly newsletter for women who self-harm called SHOUT – Self-Harm Overcome by Understanding and Tolerance by contacting:

SHOUT, C/O P.O. Box 654, Bristol, BS99 1XH.  
Stresswatch Scotland, 23 Campbell Street, Kilmarnock, KA1 4HW  
Tel: 01563 570886 [www.self-injury.net](http://www.self-injury.net)

#### Winston's Wish

Winston's Wish was set up in 1992 to meet the needs of bereaved children, young people and their families.

[www.winstonswish.org.uk/](http://www.winstonswish.org.uk/)



**Other Emergency contacts:**

**NHS 24**  
Telephone  
111  
[www.nhs24.com](http://www.nhs24.com)

**Childline**  
Telephone  
0800 1111  
[www.childline.org.uk](http://www.childline.org.uk)

**Breathing Space**  
Telephone  
0800 83 85 87  
[www.breathingspacescotland.co.uk](http://www.breathingspacescotland.co.uk)

**Samaritans**  
Telephone  
08457 909 090  
[www.samaritans.org](http://www.samaritans.org)

**Cruse**  
Telephone  
01698 303 099  
[www.crusescotland.org.uk](http://www.crusescotland.org.uk)

**Parentline Plus**  
Telephone  
0800 800 2222  
[www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)

**Saneline**  
Telephone  
0845 767 8000  
[www.sane.org.uk](http://www.sane.org.uk)

**Women's Aid**  
Telephone  
0808 2000 247  
[www.womensaid.org.uk](http://www.womensaid.org.uk)

**ParentLine Scotland**  
Telephone  
08000 282233  
[www.children1st.org.uk](http://www.children1st.org.uk)



**Appendix D**

**getting it right for every child in Argyll & Bute**

**Our work puts your child at the centre of what needs to be done**  
When we make decisions about your child, we will always find out what they think and record it in the way best suited to their age and needs.

**Our work takes account of your child's immediate and longer term needs**  
From the moment we know your child may need support, we will always consider every aspect of their life to help offer short and long term help.

**Our work ensures that all Argyll and Bute's children and young people are safe**  
We will only share information when it is necessary and where it is important to make sure your child is supported and helped to stay safe. Every organisation has a Child Protection Officer who can give you further information.

**Our work helps your child to reach their full potential and achieve at the right level**  
We will respect your child and your family and work creatively to build on strengths. We will not discriminate against any child and will always work to the highest standard.

**Our work focuses on finding solutions**  
We will always aim to help you find solutions and focus on this in all of the work we do and when we meet and work together.

**Our work helps to build a team around your child**  
Lead Professionals will co-ordinate a team of people to meet your child's needs. We will work to one plan to ensure your child gets the right help at the right time from the right people.

**My World Triangle**  
This is the tool used for Assessment and Planning

**My Child's Named Person is:**

For more information visit: [www.scotland.gov.uk/gettingitright](http://www.scotland.gov.uk/gettingitright)

**Information for Parents and Carers**

[www.scotland.gov.uk/gettingitright](http://www.scotland.gov.uk/gettingitright)

**getting it right for every child in Argyll & Bute**

**How does GIRFEC work?**

The GIRFEC approach provides every child with a Named Person from birth to 18 years of age.

**For the child or young person** this means that they and their family have a contact who can work with them to sort out any further help, advice or support they might need.

**For Parents and Carers** this means someone to talk to if you are worried about any aspect of your child's wellbeing. That might be concerns about bullying, how they are coping with homework or something that's changed at home.

In some cases the Named Person may need to bring in additional help and support - they will always involve you and your child in any discussion and planning. The Named Person may raise concerns of their own too. In either case it is the Named Person's responsibility to take the action needed to arrange for the right help to be put in place.

**The GIRFEC planning process**

Any child who needs additional support will have a Universal Child's Plan, sometimes referred to as a UCP. This is a document that uses specific tools to consider important information about a child or young person. The UCP records long and short term outcomes as well as actions that need to be carried out to make these outcomes happen. This means help or support is co-ordinated and everyone is clear about who is doing what.

The Universal Child's Plan is the document used by every service involved in planning support for children and young people. The information that goes into a Universal Child's Plan is agreed at a Child's Plan meeting in which parents and children must be included.

A Lead Professional is appointed when two or more services have to work together. The Lead Professional co-ordinates a network of support around your child which must include you and your child. The Lead Professional is the person best placed to take on the role. This will be agreed by everyone involved, including you and your child.

**The Lead Professional will be:**

- The single point of contact for you, your child and all services at a multi agency level.
- Working closely with the Named Person.
- Co-ordinator of the Universal Child's Plan at the multi agency level.
- Responsible for ensuring changes to your child's plan are agreed and what needs to be done is done.

**The Lead Professional is there to make sure:**

- You and your child are involved throughout the planning process.
- Your input and views are considered and recorded.
- Your child's input and views are considered and recorded.

[www.scotland.gov.uk/gettingitright](http://www.scotland.gov.uk/gettingitright)



## Appendix D

**What Is A Lead Professional?**

When things get a bit more complicated and more people need to work together to help you and your family, a Lead Professional co-ordinates that help.

**What Do They Do?**

The Lead Professional becomes the main point of contact for you, your family and all staff working with you when you need extra help.

The Lead Professional makes sure that you and your family understand what is happening at each point so that you can be involved in the decisions that affect you.

**How Do They Do It?**

The Lead Professional knows how things work. Any extra help you need is given to you for as long as you need it. The Lead Professional makes sure the right people give you help.

The Lead Professional works really closely with your Named Person to make sure what needs to be done to help you is written down in a plan. They give you, your family and everyone who is going to work with you a copy of this plan. So everyone knows what's going on.

**Who is your Named Person?**

**In Nursery**  
Brad is in nursery. His Named Person is Ann the health visitor. Ann works closely with the staff in the nursery.

**In Primary School**  
Sally is in Primary School. Her Named Person is Mr Allan, the primary school Head Teacher.

**In Secondary School**  
Jack is in secondary school, his Named Person is his Guidance Teacher. Sometimes in secondary school your named person might be your Head of House or a Support Teacher.

The Named Person will always find out what you need by asking these five questions:

- 1 What is getting in the way of your wellbeing?
- 2 Do I have all the information I need to help you?
- 3 What can I do now to help you?
- 4 What can my agency do to help you?
- 5 What additional help may be needed from other people?

**My Named Person is...**

www.welbeingforyoungscotland.org/  
www.argyll-bute.gov.uk/grfec

**Information for Children and Young People**

Argyll & Bute NHS  
www.scotland.gov.uk/gettingitright

**Feeling Safe Means...**

- You feel protected from harm within your home and school and know when things are risky and try to stay away from danger.
- The people who care for you teach you how to protect yourself from harm and know who you are with and where you are when you go out.
- You are not scared when you go out and about in your local area.

**Feeling Healthy Means...**

- You have healthy food to eat and get the chance to spend time outside and exercise.
- The people who look after you help to make sure you eat well, exercise and get help if you feel ill.
- You feel able to deal with difficult things that might happen in your life.

**Achieving Means...**

- You are learning new skills in school and are confident that you can do well.
- You have hobbies and interests out of school that help you learn new skills.
- The adults in your life encourage you to do the best you can.

**Feeling Nurtured Means...**

- You live in a home that is clean and warm and feel cared for by the people who live there.
- The people who care for you can afford to provide you with the right amount of food and clothing.
- At home someone listens when you want to tell them about things you need and helps you learn to look after yourself and make your own decisions.

**What Is A Named Person?**

Most children and young people get all the help and support they need from their families, teachers, health workers and from their wider community. Some may need extra help and that is where the Named Person comes in.

Depending on your age, a health visitor or teacher will be your Named Person. This means that you and your family have someone who can work with you to sort out the help, advice and support you may need.

When you need help, the Named Person will take action. They will arrange for the right help from the right people to be put in place to support you.

**What Do They Do?**

Most of the time your Named Person will not have to do anything more than they normally do in their day-to-day work. Sometimes they will have to gather information about you when they are concerned that you need help. They will arrange to meet with you, your family and other people who can help.

The Named Person will listen to you and respect your point of view and they will make sure everyone else does as well. They will work with you to sort things out. Your Named Person will ensure that you and your family know everything that is going on.

**Being Active Means...**

- You do things for fun in your spare time.
- You have the chance to take part in leisure and sporting activities in your area.
- The adults in your life help you find ways to do things that interest you in your spare time.

**Being Respected Means...**

- You feel that people listen to you before they make decisions which affect you.
- You are involved in making decisions about your life.
- You have people who will listen to your views and support your decisions.

**Being Responsible Means...**

- You listen to other people and try to understand their point of view.
- You know the difference between right and wrong and can manage your behaviour.
- You are able to follow rules in school and at home and adults trust you to follow their instructions.

**Feeling Included Means...**

- You feel that you belong when you are with your friends, family, in school and in your neighbourhood.
- You are able to take part in activities which let you see the people you need in your life.
- You get to meet lots of different people and feel that other people want you around.

## Appendix E

### Additional information for disabled children/young people, BME children/young people and Exploitation

GIRFEC has a separate section on Developing an Outcomes Model for Disabled Children in Scotland.

“GIRFEC is intended to apply to all children. However, inclusive policies that do not highlight the particular needs of disabled children may inadvertently exclude them. These children often need additional support to benefit from mainstream services and there is concern that some children, particularly those with complex needs, may fall through the net”.

[www.gov.scot/Publications/2013/09/8635/4](http://www.gov.scot/Publications/2013/09/8635/4)

Stalker et al (2010) note that many practitioners lack experience and confidence in communicating with disabled children. It is often difficult for practitioners who have infrequent contact with disabled children to be skilled at communication. Some disabled children, particularly those with learning disabilities, autism, communication impairments or who are deaf, may need support to communicate, a reality that needs to be in forthcoming statutory guidance on Getting it Right for Every Child (GIRFEC) implementation it is in the ASL legislation – chapter 7 of the Code of Practice.

Keeping children safe from exploitation: Abusive relationships and physical danger were highlighted as a concern when a child received care from a number of people, could not communicate well or lacked a well-developed sense of danger. A higher than average incidence of child abuse and neglect has been highlighted by Stalker and others in Child Protection and the Needs and Rights of Children and Young People (2010).

Stalker and Moscardini (2012) also identified a number of groups that are relatively neglected in the literature, including children: with mental health issues; with learning disabilities and mental health issues; who are deaf or have hearing difficulties; who are looked after and disabled; who are disabled and from Black and Minority Ethnic families; with communication impairments; and who spend long periods in hospital or at residential schools. They say that there may also be disabled children from travelling families and those who are lesbian, gay, bisexual, and transgender (LGBT), but these subgroups are essentially invisible in the literature.

### Some useful references

Stalker, K. and Moscardini, L. (2012) A critical review and analysis of current research and policy relating to disabled children and young people in Scotland: A report to Scotland's Commissioner for Children and Young People. Edinburgh: Scotland's Commissioner for Children and Young People.

Stalker, K, Lister, P.G., Lerpiniere, J., and MacArthur, K., (2010) Child Protection and the Needs and Rights of Disabled Children and Young People: A Scoping Study. Glasgow: University of Strathclyde.

### Ethnic differences in self-harm, rates, characteristics and service provision: three-city cohort study British Journal of Psychiatry study.

<http://bjp.rcpsych.org/content/197/3/212.long>

The Challenging Behaviour Foundation has guidance on helping children:

[www.challengingbehaviour.org.uk/cbf-resources/information-sheets/self-injurious-behaviour.html](http://www.challengingbehaviour.org.uk/cbf-resources/information-sheets/self-injurious-behaviour.html)

There is also a useful information sheet:

[www.challengingbehaviour.org.uk/learning-disability-files/O6---SIB-web.pdf](http://www.challengingbehaviour.org.uk/learning-disability-files/O6---SIB-web.pdf)



**Notes:**

**Notes:**

[www.argyll-bute.gov.uk](http://www.argyll-bute.gov.uk)

