Aberdeenshire
Multi-Agency Guidance
For People Working with Children and Young People at Risk of Self-harm

November 2019
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>3</td>
</tr>
<tr>
<td>1. Introduction</td>
<td>4</td>
</tr>
<tr>
<td>1.1 Definitions of suicide and self-harm</td>
<td>4</td>
</tr>
<tr>
<td>1.2 Purpose of guidance</td>
<td>4</td>
</tr>
<tr>
<td>1.3 Aims</td>
<td>4</td>
</tr>
<tr>
<td>1.4 Definition of child or young person</td>
<td>4-5</td>
</tr>
<tr>
<td>1.5 Confidentiality, Information-Sharing rights, and GIRFEC</td>
<td>5</td>
</tr>
<tr>
<td>1.6 Getting it Right for Every Child (GIRFEC): National Practice Model</td>
<td>6</td>
</tr>
<tr>
<td>2. Emotional and psychological distress</td>
<td>6</td>
</tr>
<tr>
<td>3. Self-harm</td>
<td>8</td>
</tr>
<tr>
<td>3.1 Why do children and young people self-harm?</td>
<td>8-9</td>
</tr>
<tr>
<td>3.2 Who self-harms?</td>
<td>9</td>
</tr>
<tr>
<td>3.3 Reasons young people have for not asking for help</td>
<td>10</td>
</tr>
<tr>
<td>3.4 Protective factors</td>
<td>10</td>
</tr>
<tr>
<td>3.5 Types of self-harm</td>
<td>10-11</td>
</tr>
<tr>
<td>3.6 Groups/Self-harm and Peer Group Identity</td>
<td>11</td>
</tr>
<tr>
<td>3.7 Myths about self-harm</td>
<td>12</td>
</tr>
<tr>
<td>3.8 Warning signs</td>
<td>13</td>
</tr>
<tr>
<td>3.9 Taking action</td>
<td>13-14</td>
</tr>
<tr>
<td>3.10 Assessing the risk</td>
<td>15</td>
</tr>
<tr>
<td>3.11 Self-harm at school</td>
<td>16-17</td>
</tr>
<tr>
<td>3.12 Penumbra safety plan</td>
<td>18</td>
</tr>
<tr>
<td>4. Support</td>
<td>19</td>
</tr>
<tr>
<td>4.1 Staff support</td>
<td>19</td>
</tr>
<tr>
<td>4.2 Parental support</td>
<td>19</td>
</tr>
<tr>
<td>5. Training</td>
<td>20-21</td>
</tr>
<tr>
<td>5.1 Where do I find support?</td>
<td>21-23</td>
</tr>
<tr>
<td>Appendix 1 Self-harm Taking action</td>
<td>24-25</td>
</tr>
<tr>
<td>Appendix 2 Penumbra Safe Plan</td>
<td>26-27</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>28</td>
</tr>
</tbody>
</table>
Foreword

The Scottish Government is committed to creating a more successful Scotland with a thriving society which offers everyone the opportunity to reach their full potential. Safeguarding, supporting and nurturing young children and young people’s wellbeing is a key part of that commitment and priority for Community Planning Partners across Aberdeenshire.

Children and young people’s mental health and wellbeing is a strategic priority in Aberdeenshire’s Children’s Services Plan. You can find more information about this on the Aberdeenshire GIRFEC Website.

This multi-agency guidance aims to support staff across all partner services to provide a caring and appropriate response to children and young people experiencing emotional distress, and who may be at risk of deliberate self-harm or have thoughts of suicide.

As self-harm and suicide are distinctly different behaviors with very different motivations, to avoid an inevitable link being made, this document specifically provides guidance for staff on self-harm and an accompanying document provides guidance on suicide. These two documents aim to dispel the myths around self-harm and suicide, to recognise the distinct feature of each and the complexities that surround the behavior.

Many factors can influence the responses given to both self-harm and suicide presentations. Most common factors are feelings of emotional distress in regards to the presentation, and feeling under-confident in the subject matter of both suicide and self-harm. It is important in providing guidelines to support staff who are required to carefully elicit and assess a young person’s response, that the complexities of both are addressed.

Whilst this guidance focuses on self-harm, it is not to ignore but in fact to recognise and further emphasise, the importance of the wider preventative and early intervention context within universal services in promoting the emotional wellbeing and resilience of children and young people.

During recent years, there has been an increasing awareness of the issues and needs of young people who are self-harming or at risk of self-harm or suicide. One in fifteen young people self-harm, with the average age of onset being 12 years old. In Scotland, the statistics for suicide are higher per head of population than those for the rest of the UK, and more young people die from suicide than in road accidents.

Recent high profile cases, and subsequent reports and policy guidance such as: The fatal accident inquiry into the deaths on the Erskine Bridge (2012); the Social Care and Social Work Improvement Scotland (SCSWIS) Practice Guide on Suicide Prevention for Looked After Children & Young People (2011); and Responding to Self-Harm in Scotland Final Report (2011); have helped clarify the complexity of these issues, to dispel the myths surrounding them, to challenge stigma, and establish best practice in responding.

These reports, as well as guidance in Glasgow and Ayrshire have informed the development of this guidance. The development of this guidance is also testament to good collaboration with multi-agency and multi-professional contributions across partnerships; and the significant contributions of voluntary organisations with specialist expertise in this area, such as Penumbra and Barnardo’s. The extent of collaboration demonstrates everyone’s desire and commitment to address these issues.

Aberdeenshire GIRFEC Strategic Group acknowledges and comments the work of Aberdeen City Mental Health Improvement group for their collaborative work in producing this document which has been adapted for an Aberdeenshire audience.
1. Introduction

In *Towards a Mentally Flourishing Scotland Action Plan* (2009-2011); Priority 5: Reducing the Prevalence of Suicide, Self-Harm and Common Mental Health Problems, Commitment 16 states;

> “The Scottish Government will work with partners to improve the knowledge and understanding of self-harm and an appropriate response. This document aims to increase awareness of self-harm and its determinants and offer guidance to those delivering both general and specific services.”

1.1. Definitions of suicide and self-harm

**Suicide:**
1.) An act of deliberate self-harm which results in death
2.) A death resulting from and intentional, self-inflicted act.

**Suicide and self-harm links**
Self-harm is generally a way of coping with overwhelming emotional distress. Many young people self-harm and there is no suicidal intent. However, research shows that young people who self-harm can be at a higher risk of suicide. The risk of suicide is higher for those who repeat self-harm.

1.2. Purpose of guidance

The purpose of the document is to ensure that all staff working or in contact with children and young people provide a consistent, caring and appropriate response to children and young people who have been, or are at risk of, self-harm and suicide.

1.3. Aims

The aims of the guidance are to:

- Ensure the child or young person is seen as central to the whole process, and is afforded appropriate priority by agencies involved.
- Identify any family, social or environmental factors.
- Ensure a consistent response to and understanding of self-harm, across all staff working with or in significant contact with children and young people.
- Provide an agreed set of procedures for dealing with disclosure.
- Minimise harm, and support emotional health and wellbeing of the child and the young person through collaborative working.
- Provide children and young people with opportunities and strategies for hope and recovery from the effects of self-harming or attempting suicide, and minimise the risk of future harm.

1.4. Definition of a child or young person

There are a number of different definitions of a ‘child’ in Scottish legislation. The *United Nations Conventions on the Rights of a Child* framework defines a child as being under 18 years of age. For the purposes of this document, references to ‘children’ and/or ‘young people’ includes all those under the age of 18.
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 age. This includes the legal capacity to consent to surgical, medical or dental procedure or treatment.

Some of the services involved with children and young people have different age criteria. This may be further complicated when a child or young person has been referred to the children’s panel and if there are supervision requirements in place.

When seeking advice or making requests for assistance, please ask the agency in question, which age ranges they deal with.

1.5. Confidentiality, information-sharing rights, and Getting it Right for Every Child (GIRFEC)

There is no minimum age in Scotland in terms of legal capacity to consent to medical treatment and so it is legal for a young person under 16 to approach and use support and health services. There is less clarity, however, about when a child or young person is deemed to be ‘competent’ to make their own decisions and seek out services, and worries about whether adequate efforts have been made to encourage under 16s to involve their parents(s)/Career(s) in the issue or decisions which they are facing.

Staff should adhere to their own service/organisational guidelines regarding information-sharing and confidentiality. Multi-agency guidance and the GIRFEC Toolkit can be found on the Aberdeenshire GIRFEC Website. This includes A Practitioner’s Guide to Information-Sharing, Confidentiality, and Consent (2019) and flowchart.

The child or young person must be involved wherever possible, and consulted on their views. Statement 1 in Aberdeenshire’s Children & Young People’s Charter is, “Include us in any decisions made about our lives.”

Staff/volunteers should always, take age and understanding into account when involving children and young people in discussions and decision-making about their life, treatment and care. There should be clear expectations about what is going to happen, and the choice and rationale for certain courses of action.

Information given to staff by the young person should not be shared with others without their permission, except in exceptional circumstances.

Such exceptional circumstances include when:

- The safety and wellbeing of a child or young person is at risk, or there is the possibility of harm to others (for example, child protection or suicide).
- A child or young person is not old enough or competent to take responsibility for themselves.
- Urgent medical treatment is required.
- There is a serious risk to public health.
- By virtue of statute or court order.
- For the prevention, detection or prosecution of a serious crime.
If there is reasonable professional concern that a child may be at risk of harm, this will always override a professional or agency requirement to keep information confidential. Staff should tell young people they may have to share information without their consent.

1.6 Getting it Right for Every Child (GIRFEC)

The *Getting it Right for Every Child* National Practice Model and Resilience Matrix, can be used in a single or multi-agency context to assess the risk and protective factors for an individual child or young person.

This provides a framework for practitioners and agencies to structure and analyse information consistently, so as to understand a child or young person’s needs, the strengths and pressures on them, and to consider what support they might need.

![National practice model](image)

**National Practice Model**

The National Practice Model defines needs and risks as two sides of the same coin. This framework promotes the participation of children, young people and their families in gathering information, and central to making decisions when assessing, planning support, and taking action. It provides a shared understanding of a child or young person’s wellbeing needs, by identifying concerns that may need to be addressed.

The National Practice Model is a dynamic and evolving process of assessment, analysis, and review - a way to identify outcomes and solutions for individual children or young people. It is a way for all agencies and workers who support children, young people and their families to begin to develop a common language within a single framework, enabling more effective inter and intra-agency working.

Further information, guidance and practice tools can be found on the [Aberdeenshire GIRFEC Website](#).
2. Emotional and psychological distress

Young people may experience internal feelings, external circumstances, or problems which may cause them emotional or psychological distress. These factors can however, also be symptoms of normal adolescent development.

The number of children admitted to hospital for self-harm has doubled in parts of Scotland over a five-year period, according to data obtained by the BBC. The most admissions (141) in 2014 were reported by NHS Grampian and were primarily related to drugs (78%) and alcohol (15%).

BBC Scotland 2015

These factors may include:

- Having relationship problems
- Feeling Stressed
- Self-esteem issues
- Feeling lonely
- Not having someone close to talk to
- Difficulties associated with sexuality and gender
- Mental health issues
- Peer pressure
- Substance misuse (drugs and alcohol)
- Family problems
- Exam/school work
- Bereavement
- Feeling guilty
- Bullying
- Feeling of being rejected
- Reaction to trauma or abuse
- Poor body image

Emotional distress may present differently in individual children or young people, and the ability to cope may be linked to self-esteem or emotional resilience; or to the family, peer or other support networks available to them. There can be different levels and intensity of emotional distress, and a range of responses exhibited by children or young people in response to their distress.

The list of factors is not exhaustive and neither these factors nor emotional distress are automatic proof of suicide risk. However, it is important to be alert to that potential in careful assessment of the child or young person’s circumstances, if any of these factors pertain.

Where a child or young person does not have any issues, yet shows emotional distress, even if self-harm or suicide do not seem to feature, it is important that there is:

- Careful assessment of the child or young person’s circumstances
- Appropriate and proportionate support in respect of their issues
- Empathetic listening
- Joint problem solving
- Continuing access to support for the child or young person

Early intervention may help to address the child or young person’s underlying problem or assist them in coping, this preventing an escalation of suicidal thoughts and potential suicidal response.
3. Self-harm

“Self-harm is a non-accidental, non-suicidal behavior which causes damage to a person’s body with the intent of gaining an emotional release. Self-harm is a coping strategy.” (Penumbra Self Harm Awareness Training)

- National research suggests 1 in 4 young people have self-harmed or know someone who has.
- This equates to approximately two young people in every secondary school classroom.
- The average age of onset of self-harm is 12 years old.
- Children under the age of 12 do self-harm, but it is much less common than in older children.
- The reasons for self-harm behaviour can be very complex.
- The true extent of the problem is unknown, as many self-harm injuries will go unrecorded.

3.1 Why do young people self-harm?

Self-harm is a coping mechanism which enables a person to express difficult emotion. Young people who hurt themselves often feel that physical pain is easier to deal with than the emotional pain they are experiencing, because it is tangible. But the behaviour only provides temporary relief, and fails to deal with the underlying issues that a young person is facing.

The reasons people give for self-harming are varied, and include:

- Self-harm temporarily relieves intense feelings, pressure or anxiety.
• Self-harm provides a sense of being real, being alive, and of feeling something other than emotional numbness.
• Harming oneself is a way to externalize emotional internal pain – to feel pain on the outside instead of the inside.
• Self-harm is a way to control and manage pain - unlike the pain experienced through physical or sexual abuse.
• Self-harm is self-soothing behavior for someone who does not have another means to calm intense emotions.
• Self-loathing – some people who self-harm are punishing themselves for having strong feelings (which they were usually not allowed to express as children), or for a sense that somehow they are bad and underserving (for example, an outgrowth or abuse and a belief that it was deserved.)
• Self-harm followed by tending to wounds, is a way to be self-nurturing for someone who never was show by an adult to express self-care.
• Harming oneself can be a way to draw attention to the need for help, to ask for assistance in an indirect way.
• Self-harm can be influenced by alcohol and drug misuse.
• Self-harm can be influenced be seeing a family member use self-harm as a coping strategy.

“It makes me feel, shows I’m real. I hope in time the scars will heal.”

(With thanks to Penumbra)

For some people, self-harm may last for a short time. For others it can become a long-term problem. Some people self-harm, stop got a while and return to it months, even year later in times of distress. Younger children who self-harm may be copying the behavior of someone close to them in their home life, or may be doing it for some of the age appropriate reasons previously listed.

3.2 Who self-harms?

Anyone can self-harm. This behavior is not limited by gender, race, education, age, sexual orientation, socio-economic, or religion. However, there are some identified vulnerable ‘at risk’ groups.

These include:
• Adolescent females.
• Young people in a residential home setting.
• Lesbian, gay and bisexual, transsexual, transgender and questioning people (LGBTQ).
• Young Asian women.
• Children and young people in isolated rural settings.
• Children and young people who have a friend who self-harms.
• Children and young people, or groups of young people in some sub-cultures who self-harm.
• Children/young people who have experienced physical, emotional, or sexual abuse during childhood.
• Young people who are homeless.
3.3. Reasons young people have given for not asking for help

For young people to feel safe to disclose issues around self-harm, they need to know that their confidentiality is respected, and that staff will support them and not punish or judge them in any way. There are things staff can do to make it easier for young people to feel able to ask for help.

3.4. Protective factors

Findings from the Glasgow Adolescent Self-harm Team (2019) suggests that the following protective factors effect and maintain a reduction in incidents of self-harm.

3.5. Types of self-harm

Self-harm is generally a response to a sense of overwhelming emotional distress.
The most common ways that people self-harm are:

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

There are a variety of other risk-taking behaviors that impact negatively on a person’s physical health, such as:

- Eating disorders
- Drug and alcohol misuse
- Dangerous driving/sports
- Unsafe sex/multiple sex partners
- Instigating fighting

But these are not usually associated with the generally-accepted most common examples of self-harm.

3.6. Groups/Self-harm and Peer Group Identity

It is important when encountering peer groups who are self-harming, to appreciate that the actual self-harm may not be the fundamental problem. In all likelihood the young person may want to feel part of a group, to be accepted and to have an identity with their peers, and is therefore participating in self-harming behavior.

However, it is possible that one young person within a group may be using self-harm to cope with underlying issues in their lives. The principal of approaching a group to explore the meaning of their self-harm is to spend time with each individual.

Remember that self-harm is often a very secretive, private and personal act. It is a coping strategy that holds a different meaning and purpose for every individual. Using a personal approach will ensure that the best support can be offered/explored which will have a more meaningful result.
3.7. Myths about self-harm

<table>
<thead>
<tr>
<th>Myths about self-harm</th>
<th>Facts about self-harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>“It’s just attention seeking”</td>
<td>For most people self-harm is a very private and personal thing. Many people go to great lengths to hide their injuries. But for some people it is a way of showing other how bad things are for them and how much they need help. We should also ask, is it bad to want/need attention</td>
</tr>
<tr>
<td>“Only teenage girls self-harm”</td>
<td>Due to the private nature of self-harm it’s not easy to say who does it. In practice, statistics demonstrate that girls will access support for self-harm more readily than boys.</td>
</tr>
<tr>
<td>“When people self-harm they don’t feel the pain”</td>
<td>Sometimes when people self-harm they are so distressed that they can experience what is known as a dissociative fugue. During this time people can “zone-out” and may not be aware of what they are doing and possibly not feel and pain. Afterwards the pain may be amplified. For some people who self-harm, the pain is what distracts them and gives them relief form their emotional distress.</td>
</tr>
<tr>
<td>“People who self-harm are suicidal”</td>
<td>People who self-harm may be suicidal but the two do not come hand in hand. Self-harm is a person’s attempt to temporarily survive and feel better whereas suicide is a permeant end to life.</td>
</tr>
<tr>
<td>“The severity of the self-harm reflects the severity of the person’s problem”</td>
<td>Everyone has different levels of resilience and so what seems severe to one may not to another. It is important to take a person seriously regardless of how severe their injuries are. Never assume that a person’s problems are not serious because their wounds are not.</td>
</tr>
<tr>
<td>“People self-harm to hurt or manipulate others”</td>
<td>People self-harm to express or release distressing emotions. It can be a way of showing physically how bad things are mentally but as a way of communication rather than manipulation.</td>
</tr>
<tr>
<td>“People who self-harm must be told to stop”</td>
<td>Self-harm is the symptom of a greater problem. Stopping a person from self-harming will not make their problem go away, it will only take away their means of coping. In most cases, self-harm is keeping the person alive, safe and in control.</td>
</tr>
</tbody>
</table>
3.8. Warning Signs

There may not be obvious signs that someone is self-harming, since it is usually a secretive behavior.

Signs may include:

- Wearing long sleeves at inappropriate times.
- Spending more time in the bathroom.
- Unexplained cuts, bruises, burns or other injuries.
- Razor blades, scissors, knives, plasters have disappeared.
- Unexplained smell of Dettol, TCP, or other similar products.
- Low mood – seems to be depressed or unhappy.
- Any mood changes – anger, sadness.
- Negative life events that could have prompted these feelings, for example, bereavement, abuse, exam stress, parental divorce.
- Low self-esteem, low self-efficacy.
- Feelings of worthlessness.
- Changes in eating or sleeping patterns.
- Losing or changing friendships.
- Withdrawal from activities that used to be enjoyed – such as PE/swimming/family holidays.
- Abuse of alcohol and drugs.
- Spending more time by themselves and becoming more private or defensive.

3.9. Taking Action

**First, don’t panic. Make sure the child or young person is safe.**

If the injury is serious, go straight to the nearest Accident and Emergency Department.

If it is something you cannot assess, ask for advice. This could include contacting NHS 24 on 111 (open 24 hours, 7 days per week) or through a local nurse or doctor. If it is a minor injury, you don’t have to do this.

(See ‘Self-Harm: Taking Action guidance in Appendix 1)

**Second, listen.**

Your core skills and values of empathy, understanding, non-judgmental listening and respect for individuals, are all vital in this area.
Good practice in minimising self-harm, and providing empathetic listening includes:

- Don’t panic, remain calm and reassuring, and don’t act shocked.
- Showing compassion and being non-judgmental.
- Treating the young person with respect.
- Be willing to listen and accept the individual’s feelings.
- Don’t hold back on questions and talk openly about self-harm - don’t avoid the issue.
- Don’t be sworn to secrecy, and clearly explain the limits of your contribution.
- Being aware that the child or young person may be feeling guilty and ashamed.
- Advising the child or young person about the range of available support.

It is vital that the young person retains some control of their situation, is fully aware of who needs to be informed and why, is consulted on their views, is allowed wherever possible to set the pace and to make choices. To do otherwise could result in self-harming becoming worse.

Remember that self-harm is often a way of coping, so stopping the self-harm is not always the best thing to aim for immediately. Safety and understanding are more important in the short term. There is no quick fix.

“People came and spoke to me, I told them I want to be free,
They took my hand and helped me see, I am someone, I am me”

(With thanks to Penumbra)

- Offer hope that alternatives are available.
- Providing reassurance that problems can be solved.
- Refraining from telling the person to stop, as this can make things worse.
- Get the assistance from appropriate support agencies.
- Involve the child or young person in the seeking of help and assessment around risk of self-harm.
- Address safety issues such as the risk of infection, nerve damage, illness such as Hic, septicemia, Hepatitis C or even risk of accidental death.
- Check for associated problem such as bullying, bereavement, relationship difficulties, abuse and sexuality.
- Assess if, how, and when parents/guardians will be involved.
- Make appropriate requests for assistance if required.
- Take suicide gestures and thoughts seriously.
3.10. Assessing the risk

Is the child/young person engaging with you and your support?
If not, escalate on the risk matrix (Appendix 1) section entitled ACT.

If the child/young person is engaging with you.
The following provides guidance on what is helpful to cover:

Areas to cover:

Nature and frequency of injury:
- Are there any injuries requiring immediate attention?
- Has the child/young person ingested/taken anything that needs immediate action?
- Establish what self-harming thought and behavior have been considered or carried out and how often?

Other risk taking behaviors
- Explore other aspects of risk – fast driving, unprotected sex/multiple partners, extreme sports, and use of drugs/alcohol.

Child Protection
- Consider if there are child protection issues, and if so discuss and/or refer. (Self-harm-suicidal thoughts may not themselves be child protection issues, but underlying causes may be).

Health
- Ask about health issues such as eating, sleeping.
- Ask about mental states such as depression, anxiety.

Underlying issues
- Explore the underlying issues that are troubling the child/young person which may include family, school, social isolation, bullying and relationships.

General distress:
- Assess current level of distress
- Ascertain what need to happen for the child/young person to feel better.
- Ask about current support child/young person is getting.

Suicidal intent:
- Ask in a clear and straight-forward way if there is any intention to complete suicide.
- Consider the likelihood of imminent harm including means, plans and intention.

Future support:
- Elicit current strategies that have been used to resist the urge to self-harm, or stop it from getting worse.
- Discuss who knows about this situation that may be able to help.
- Discuss contacting parents if that would be helpful.
- Discuss possible onward referral with child or young person.
- Discuss and agree who you will contact and what you will say.
3.11. Self-harm at school

The following document from penumbra has been prepared following requests from secondary school staff for a checklist on how to respond to acts/disclosures of self-harm.

Please note that the contents are intended as suggested good practice, and are not prescriptive.

We would also strongly recommend that all members of staff are familiar with the Aberdeenshire Multi-Agency Guidance for people working with children and young people at risk of suicide

---

**IN THE EVENT THAT A PUPIL SELF HARMs AT SCHOOL**

**Keep Safe:**
- Make sure that the pupil is safe. Also ensure your own and other pupil(s) safety.
- If the injury is serious, go straight to the nearest Accident and Emergency Department (A&E).
- If pupil has taken an overdose of tablets, however small, seek medical advice immediately from medical practitioners or contact A&E. Also inform parents/carers immediately.
- Do not leave pupil alone.
- Provide first aid if necessary – follow school’s first aid policy.
- Treat any injuries sympathetically – same as you would with any other type of injury.
- Phone NHS24 for advice if necessary – Telephone: 111

---

**IN THE EVENT THAT A PUPIL DISCLOSES THAT THEY SELF HARM**

Speak to pupil privately in a quiet space and ask them about their self-harm.
- Ask if they know why they self-harmed.
- Try to get the pupil to talk about how they were feeling.
- What was their intention - determine if it was an act of self harm or suicide (In the event of a suicide attempt, refer to Aberdeenshire’s Multi Agency Guidance for people working with children and young people at risk of self-harm or suicide).
- Explore the pupil’s reason for self-harming (what is going on - problems at home/bullying/bereavement/exam stress etc.)
- What is the personal background - is the pupil supported by social work or other services? Are they looked after (eg residential care, foster care)?
- Children and young people at risk of suicide.

- Reassure
- Empathise
- Jointly discuss if there is anything that can be done to help ease the situation.
- Let them know that they are not alone (they are not the only one who self-harms or who has felt like this).

- Help them to understand their feelings.
- Talk to them about coping strategies and ask what has worked for the in the past.
- Jointly prepare Penumbra Safety Plan (which also provides crisis telephone numbers) and give a copy to the pupil
- Also let them know that there is support available and their situation can improve.

- If pupil agrees speak to parents/carers:
  - If required make a referral – Educational Psychologist/School Nurse/Penumbra/CAMHS. Ensure that you discuss this first with the pupil.
  - Consider providing the pupil with contacts of any relevant support agencies.
  - If it is a child protection issue, follow school’s protection policy procedures.
  - Consider support for others that know about the self-harm (peers/parents)

- Follow your school reporting procedures

- Maintain contact with the pupil and monitor situation.
- Provide ongoing support if required.
- If parents/carers informed, maintain contact with them.
- Liaise with other Follow agencies involved.
3.12. Penumbra Safety Plan

Advice on how to use the Safety Plan

This Safety Plan (see Appendix 2), complements the Responding to Self-Harm in a School Setting, and has been produced to assist secondary school staff in Aberdeenshire when supporting a pupil who is at risk of self-harm.

The plan is intended to be completed by the child or young person, assisted by a member of staff. Once completed, the pupil should be provided with a copy to keep at home, and encouraged to refer to it whenever he/she has thoughts of self-harm. We would recommend that you also retain a copy, and keep it in the relevant pupil records.

Advice on filling in the Safety Plan

Family/Friends phone numbers:

Although the pupil is likely to have these numbers stored in their phone, the pupil should still write the numbers on this form. This ensure that if there is a problem with their phone they still have access to these numbers.

What has helped you in the past?

Ask the pupil if there has been anything that has helped them previously avoid self-harming.

Who could you speak to?

Who would they feel comfortable speaking to? Ask have they spoken to anyone in the past that has helped them. If the pupil does not feel that they could speak to anyone that they know, then suggest that they consider phoning one of the crisis numbers (contact details are at the top of the Safety Plan). Alternatively, the may prefer to contact these services online:

- Childline have an online chat facility: [www.childline.org.uk](http://www.childline.org.uk)
- The Samaritans also have a dedicated email address: jo@samaritans.org

What could you try?

Ask the pupil what they could do to take their mind off things. Consider providing them with a list of distractions/alternatives to self-harm. We would recommend the National Self-Harm Networks distraction leaflet.

Copies can be downloaded from their website: [http://www.nshn.co.uk/downloads/Distractions.pdf](http://www.nshn.co.uk/downloads/Distractions.pdf)

Risks to avoid

Ask the pupil if there are certain situations/events/triggers that make them more at risk of self-harm (e.g. when drinking alcohol/using drugs or perhaps using social network sites). Advise pupils to avoid these risks.
4. Support

4.1. Staff/Volunteers Support

Staff and volunteers working with children and young people need to monitor and care for their own mental wellbeing on an on-going basis. Supporting a child or young person who is self-harming or who has attempted suicide can be upsetting as well as rewarding. It is important for the staff/volunteers involved to be aware of their own mental health and wellbeing and to acknowledge any distress they may feel.

Line managers are required to make sure staff/volunteers are aware of the support they can access and encourage staff/volunteers to access appropriate support whenever they need it, particularly when dealing with these kinds of incidents. Use supervision and other opportunities to check staff/volunteers feel supported or discuss other ways to offer support – for example, staff counselling.

Finally, staff/volunteers may also find their own ways to help themselves – for example, exercise, relaxation techniques or online support through national organisations.

4.2. Parental/Carer Support

The UNCRC, Age of Legal Capacity (Scotland) 1991, Data Protection Act 2018, and Children & Young People (Scotland) Act (2014), all make it very clear that the views of all children and young people must be both listened to, respected, and their views taken into account.

This is regardless of the age and ability of the child or young person.

Whenever we work with children and young people and we assure them of confidentiality, we also have to make them understand that there may be occasions when we need to share information with other people including their parent/carers.

While we want to ensure a comprehensive support system is in place for children and young people at risk or self-harm or suicide, we also need to listen to children and young people when they tell us they live with parents who may have mental health issues, substance misuse problems or are verbally, physically or emotionally abusive to them.

We need to recognise that we could make an already difficult family situation worse or risk the child or young person disengaging with us. Therefore, it is important to identify whether the child or young person wants their family to be a source of support for them.

They may prefer to identify another caring adult, an adult family member or even an older brother or sister to be their support. What is important is that the child or young person’s feelings are documented and that all staff/volunteers are engaged with the young person and aware of their wishes.

Without the agreement of the child or young person to include their family in their support network, it will not be possible to disclose or discuss their behaviors with family members.

The exception to this would be if the child or young person poses a risk to themselves or other people.
5. Training

Everyone working with young people have a responsibility to promote positive mental wellbeing within their role. There are a range of internal and external training courses which can help you to do this.

<table>
<thead>
<tr>
<th>What is the training?</th>
<th>Who is the training aimed at?</th>
<th>Learning Outcomes (What do you hope to achieve from the training?)</th>
<th>Brief outline of programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied Suicide Intervention Skill Training (AIST)</td>
<td>The course is open to anyone.</td>
<td>ASIST is a two day comprehensive workshop for anyone who wants to learn how to recognise the signs of suicidal thoughts and how to prevent the immediate risk of suicide. The course is designed to help all in communities to become more willing, ready and able to help people at the risk of suicide.</td>
<td>Two day course.</td>
</tr>
<tr>
<td>safeTALK</td>
<td>The course is open to anyone.</td>
<td>safeTALK is a four hour session aimed at giving participants the skills to recognise that someone may be suicidal and to connect the person with suicide intervention skills. It is designed for communities, or organisations that already have ASIST trained helpers in place to maximise interventions as the main suicide prevention focus.</td>
<td>Four Hour Session.</td>
</tr>
<tr>
<td>STORM</td>
<td>Anyone working long term with vulnerable individuals.</td>
<td>STORM is a two day course to help concentrate on participants 'micro-skills' in managing and assessing risk.</td>
<td>Four Modules</td>
</tr>
<tr>
<td>Scotland’s Mental Health First Aid (SMHFA): Young People</td>
<td>Course open to anyone working with young people aged between 11-17</td>
<td>SMHFA:YP is a 14-hour blended course which is designed to support all adults to recognise mental health problems and provide guidance and immediate assistance to a young person in crisis.</td>
<td>Pre course online unit. One day group session with a trainer and a post course reflective exercise</td>
</tr>
<tr>
<td>Penumbra’s Self-Harm Awareness Training</td>
<td>The course is open to anyone.</td>
<td>Self-Harm Awareness Training is a three hour workshop, which aims to consolidate participant’s knowledge of self-harm, and to improve confidence when dealing with self–harm. The workshops will include group activities designed to enhance our understanding in a non-judgemental setting. Our highly experienced facilitator will be able to answer and questions, and you will receive a self-harm guide.</td>
<td>3 hour session.</td>
</tr>
</tbody>
</table>
Other available training courses of the subject of mental health;

- Self-harm awareness.
- Mental Health First Aid Mentally Healthy Workplace Training.
- SuicideTALK, a short exploration and awareness-raising session.

Contact the local Choose Life Co-ordinator for more information and options locally and nationally.

5.1 Where do I find Support?

Local Services:

In many cases, a good first port of call for a child or young person who is at risk is their GP, who may be able to advise what further support is available through the health service and to signpost the young person to those services. It is also helpful for the child or young person’s school nurse and guidance teacher to become involved in supporting them at school. In addition, the following services specialise in providing support for children and young people:

**GP Support**

Anyone who self-harms can get support from their GP, who can treat physical injury and recommend further assessment, if necessary.

**ACIS Youth Counselling**

1 Alford place, Aberdeen, AB10 1YD
Telephone: 01224 573892
www.mha.net/acisyouth

**Children 1st**

36 Carden Place, Aberdeen, AB10 1UP
Telephone: 01224 251150
https://www.children1st.org.uk/

**Penumbra Aberdeen 1st Response Service**

20 Back Wynd, Aberdeen, AB10 1JP
www.penumbra.org.uk


It may also be the case that there are private youth counsellors working within Aberdeenshire. Information on private counsellors including contact details can be found by visiting:

British Associations for Counselling and Psychotherapy: www.bacp.co.uk
Counselling in Scotland: www.cosca.org.uk
Helplines and Internet Based Support

**Self Injury Support**
Text message: 0780 047 2908
Monday – Friday: 7:00pm – 9:00pm
www.selfinjurysupport.org.uk

**Lifesigns:**
www.lifesigns.or.uk

**Recover your life:**
www.recoveryourlife.com

**Self-Harm UK**
https://www.selfharm.co.uk/

**Young Minds**

**Childline**
Telephone: 0800 1111, Open 24 hours

**Nightline**
Telephone: 01224 272829
Monday – Sunday: 8:00pm – 8:00am

**Samaritans**
Telephone: 116 123
Email: jo@samaritains.org
Text Message: (free) 07725 90 90 90

**Breathing Space**
Telephone: 0800 83 85 87
Monday – Thursday: 6:00pm-2:00am
Friday – Sunday: Open 24 hours
www.breathingspace.scot

**Alumina Self-Harm**
Live online courses over 6 weeks
www.alumina.selfharm.uk

**Wellbeing resources and worksheets:**
www.getselfhelp.co.uk

**Mental Health Foundation**
A self-help booklet which aims to help young people understand more about self-harm and what to do if they are worried about themselves or someone else.
https://www.mentalhealth.org.uk/tags/self-harm

**NHSN**
The National Self-Harm Network, providing a forum for survivors, professionals and family.
www.nhsn.co.uk

**Support for Young People**
Impacted by Self-Harm provides self-harm recovery, advice and support for young people
www.selfharm.org.uk

**Skin Camouflage Service**
Changing Faces Skin Camouflage Service
www.changingfaces.org.uk/skin-camouflage

**NHS Moodzone**
https://www.nhs.uk/conditions/self-harm/getting-help/

**Knowledge Services**
NHS Health Scotland’s lending service for books, CD’s and training materials for anyone interested in health improvement
Email: nhs.healthscotland-knowledge@nhs.net
Telephone: 0141 414 2762
http://www.healthscotland.scot/tools-and-resources/knowledge-services
The Calm Zone
Targeted at young men aged 15-35, offering help, information and advice. Anyone, regardless of age, gender or geographical location can call the helpline.

www.thecalmzone.net

Cool Heads: Stress Essentials
An online booklet for 12-16 year olds which offers advice on different topics; such as how to deal with feelings, ways to cope with stress, how to change thinking, and where to look for help.

https://www.moodcafe.co.uk/media/43769/Cool%20Heads%202014.pdf

See Me
For those aged 16+, this website run by YouthNet provides information guides on a range of issues (including mental wellbeing) and a non-judgmental Q&A function with expert advisers to respond and offer support.

www.thesite.org/mental-health

Harmless UK
Is a voluntary organisation for people who self-harm, their friends and family. Online resources including factsheets for young people coping strategies.

Email: info@harmless.org.uk
www.harmless.org.uk

Youth Health Talk
Information for young people on a range on health topics.

http://www.healthtalk.org/young-peoples-experiences

Aye Mind

http://ayemind.com/resource/self-harm-uk/

Self-Help Groups:

Self-Injury Support
Lists groups and services for people who are struggling with self-injury, self-harm and their underlying causes.

https://www.selfinjurysupport.org.uk/

Papyrus Support
Papyrus Support for young people, their friends and parents if they are feeling suicidal.

Telephone: 0800 068 4141
https://papyrus-uk.org/

Look OK...Feel Crap
Information on self-harm and how young people can help themselves recover.

Telephone: 0808 802 2020
http://www.mentalhealthintheuk.co.uk/youngadults.pdf
Appendix 1 - Self-Harm: Taking Action

**Don’t Panic**

Assess the situation. Make sure the young person is safe. Does the young person require urgent medical care?

**Act**

- Ensure that emergency procedures are followed.
- Go to the nearest Accident and Emergency Department or contact emergency services (999).
- The young person may refuse to accept referral for urgent medical treatment, if they are seriously injured and withhold consent; staff have a duty of care to call NHS.
- If this occurs the parent/guardian or carer should be contacted to inform them of steps taken to assist the young person (refer to sections 4.2).
- Staff must follow standard organisation protocol, when dealing with such incidents.

**Gather Information**

- If non-urgent medical attention is required, that is the young person presents with minor injuries, do not over-react. Treat injuries proportionately, for example, encourage the young person to clean their wounds. If in any doubt, seek advice by contacting NHS 24 on 111 (open 24 hours) or seek advice from the young person’s GP.
- Whether non-urgent medical attention is required or not, staff should gather and record appropriate information about the self-harm behaviour.
- Allow the young person space and time to talk about how they are feeling and listen non-judgementally.
- Staff should follow the guidance: How to speak to someone who is self-harming (section 3.9).
- Once appropriate information has been collected, staff should look at ways to help support the young person who is self-harming.
Reporting Mechanisms

- Schools, Residential Children’s Homes, Social Work Service and other agencies will have their own procedures for managing vulnerable young people. Staff should follow their Employing Organisations policy on confidentiality and GIRFEC reporting. This may require the line manager to be informed as soon as possible of the situation and what steps have been taken to support the young person. The policy may require the Named Person to be advised of any steps taken and to identify supports which should be recorded in the young person’s Wellbeing Assessment and Child’s Plan.

- Ensure there is ongoing support for the young person. Review and assess the support at agreed intervals with the young person.

Provide Support

- There may be an underlying issue that is causing the self-harming behaviour. Reassure the young person that help is available to them, give emotional support and understanding. Involve them in any decision making about seeking help.

- Signpost to age appropriate resources (see appendices).

- Encourage the young person to seek appropriate professional help. This could include a referral to CAMHS from your GP, school, Social Work or other professionals.

- If the staff are in doubt, ask for advice; see the useful contacts (section 5.1). Staff can contact organisations for advice on young people who are self-harming.

- Agree an action plan with the young person, this may involve considering ways of harm minimisation. In the first instance this is unlikely to involve the removal of the means or tools they are using to self-harm, as this may increase the possibility of further harm. Support should focus on seeking to understand why the person is using self-harm as a coping strategy and entering into a dialogue with them where safer alternatives can be explored negotiated and agreed. Page 17 explores this further.

- Arrange a follow up meeting with the young person.
Appendix 2 - Penumbra Safe Plan

<table>
<thead>
<tr>
<th>Safe Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>dd</td>
</tr>
</tbody>
</table>

**Safe Plan 1**

Use this plan in advance for possible events/situations that may cause you distress and identify steps you and others can take to help you stay safe and well.

**Safe Plan**

Safe places for me are...

Things that make me feel safe are...

People I trust to help keep me safe are...

What soothes and relaxes me is...
<table>
<thead>
<tr>
<th>Safe Plan 2</th>
</tr>
</thead>
</table>

**Safe Plan**

**Triggers** Describe the possible triggers/crisis/event that might occur that cause you to hurt yourself.

---

**What can I do** Describe what you can do to help yourself avoid or minimise the crisis before and after.

---

**What others can do** Describe what others can do to help avoid or minimise the crisis before and after. If you include anyone in your SOS plan you should let them know.

---

**SOS!** In an emergency to keep myself safe I will:
7. Acknowledgments

Aberdeenshire Children and Young People’s Mental Health Thematic Group would like to acknowledge the good work of Aberdeen City Mental Health Improvement Group (ACMHIG), and thank them for sharing the guidance document and permitting this Aberdeenshire adaption.

ACMHIG was set up to support and implement local developments for children and young people’s mental health and wellbeing, as partners identified a need for practical, clear and consistent guidance for staff working with children and young people who are at risk of suicide. A short life working group was set up to develop this guidance, which has now been adapted for an Aberdeenshire audience.

The group members were:

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Position, Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Lynne Taylor</td>
<td>Child Adolescent Mental Health Service (CAMHS) Lead Psychologist</td>
</tr>
<tr>
<td>Rachel Middleton</td>
<td>Service Manager, Early intervention, Prevention and Wellbeing services, Penumbra</td>
</tr>
<tr>
<td>Emma Cameron</td>
<td>Services Development North Region Lead, The Spark</td>
</tr>
<tr>
<td>David Alexander</td>
<td>Health Improvement Officer Mental Health, Aberdeen City Health and Social Care Partnership (Retired)</td>
</tr>
<tr>
<td>Rachel Thompson</td>
<td>Health Improvement Officer Children and Young People, Public Health and Wellbeing, Aberdeen City Health and Social Care Partnership</td>
</tr>
<tr>
<td>Cecilia A Thompson</td>
<td>Child Adolescent Mental Health Service (CAMHS) Manager</td>
</tr>
<tr>
<td>Louise Macdonald</td>
<td>Educational Support Officer, Inclusion Team, Aberdeen City Council</td>
</tr>
<tr>
<td>Cheryl Thomson</td>
<td>Assistant Support Manager, Aberdeen Self-Harm Service, Nova Project &amp; 1st Response Service</td>
</tr>
<tr>
<td>Iain Murray</td>
<td>Choose Life Co-ordinator, Aberdeen City and Aberdeenshire</td>
</tr>
<tr>
<td>Elaine Downie</td>
<td>NHS Grampian Administration Support</td>
</tr>
</tbody>
</table>

Consultation Focus Group

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Position, Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiona Robertson</td>
<td>School Nurse, Torry Academy, Aberdeen</td>
</tr>
<tr>
<td>Morag Dalziel</td>
<td>School Nurse, Cults Academy, Aberdeen</td>
</tr>
<tr>
<td>Jill Rattray</td>
<td>School Nurse, Kincorth Academy, Aberdeen</td>
</tr>
<tr>
<td>Anna M Garden</td>
<td>Director – Children and Families, Voluntary Services Aberdeen (VSA)</td>
</tr>
<tr>
<td>Nicola Morrice</td>
<td>Recovery Practitioner – Penumbra Aberdeen Nova Service &amp; 1st Response</td>
</tr>
<tr>
<td>Christy Sandbergen</td>
<td>Peer Worker – Penumbra Aberdeen Self-Harm Serviced</td>
</tr>
<tr>
<td>Shona Milne</td>
<td>Acting Head Teacher, Kirkhill Primary school, Aberdeen</td>
</tr>
</tbody>
</table>