lifelineslanarkshire

Multi-agency guidance for working with **children and young people** who may be at risk of **self-harm** and **suicide**

Contents

Foreword

On behalf of South Lanarkshire's Children's Services, I am delighted to introduce this revised guidance to support children and young people who may be at risk of self-harm and suicide. This guidance reflects the commitment of the Children's Services Partnership to improve the health and wellbeing of children and young people and to support those who are at risk of harm.

The original Lifelines was extremely well used across Lanarkshire to help practitioners assess risk and take action to keep young people safe. This revised version has been designed for use with a wider age range of children and young people. It also reflects the increasing focus on children's and young people's mental health and considers holistic approaches to wellbeing. The focus is on reducing stigma around suicide and self-harm and identifying difficulties early to provide the right support at the right time in line with Getting it right for every child. Lifelines Lanarkshire provides updated information from research on suicide prevention and self-harm and considers the impact social media may have on children's and young people's wellbeing. It also provides advice for practitioners and managers on considering the importance of self-care and support for colleagues when working with vulnerable children and young people.

This guidance was written by a Pan-Lanarkshire multi-agency steering group that consulted widely across Children's Services partners, Child Protection and Adult Protection Committees, and with colleagues working in adult services and further education settings. Lifelines Lanarkshire delivers coherent and consistent messages and information to support everyone who works with children and young people. Lifelines Lanarkshire will support our work on improving the mental health and emotional wellbeing of children and young people in our Children's Service Plan 2021-2023 and beyond.

Liam Purdie
Head of Children and Justice Services
Chief Social Work Officer

The aim of Lifelines Lanarkshire is to help keep children and young people safe and to enhance the skills and knowledge base of staff to improve the support they can provide.

Section 1:
Background to guidance

Lifelines Lanarkshire is a revision of Pan-Lanarkshire guidance that was initially launched in 2010. The original document arose from discussions with staff supporting young people who were at risk of self-harm and/or suicide. In the intervening years, it has become apparent that information and guidance about self-harm and suicide is also pertinent for those who work with children in upper primary school. This revised version – Lifelines Lanarkshire - has been prepared for use by those who work with children and young people across North Lanarkshire and South Lanarkshire in line with the principles of **Getting it right for every child** (GIRFEC, 2012).

Supporting children and young people requires joined-up working so that: *"...children, young people, parents[/carers] get the services they need, work together in a coordinated way to meet the specific needs and improve their wellbeing"* (Scottish Government, 25 November 2019 www.gov.scot/policies/girfec/principles-and-values/**)**. Underpinning this Lifelines Lanarkshire document is the principle that all agencies will work together to ensure that decisions about risk and intervention are made collaboratively and in partnership with children/ young people and their families.

International, national and local context

The United Nations Convention on the Rights of the Child (1989) underpins all the information and guidance provided in this Lifelines Lanarkshire document. Specifically, Lifelines Lanarkshire's basic premise is that any member of staff will work towards the best interests of the child/young person and to support their development.

The Lifelines Lanarkshire guidance also sits within the context of the national and local agenda aimed at preventing loss of life through suicide and at improving the mental health and wellbeing of all children and young people.

Prevention and early intervention are central to the Scottish Government Mental Health Strategy (2017-2027). The strategy highlights the importance of an assets/strengths-based approach to improve mental health and wellbeing. It also emphasises the importance of ensuring a positive culture around mental health and wellbeing in primary and secondary schools as the 'responsibility of all', and that support from staff should be available (as required), and delivered appropriately.

The recommendations of the Children and Young People's Mental Health Task Force (Scottish Government, 2019) highlight the importance of ensuring that children and young people receive *"...the right care and interventions at the right time and in the right place"*, and that prompt and proportionate support should be available for children and young people who are in need of help.

The Lanarkshire Mental Health and Wellbeing Strategy (2019-2024) sets out the aim to *"Provide the best possible start for our children and young people within Lanarkshire by providing the right support at the right time, listening to the voices of the children and their families and adopting an early intervention approach which is focused on outcomes"*. The delivery of improvements in Lanarkshire is underpinned by the actions, measures and plans of the Children's Services Partnership Board for North Lanarkshire, and by the Getting it Right for South Lanarkshire's Children Partnership Board.

Scotland's Suicide Prevention Action Plan: Every Life Matters (Scottish Government, 2018) sets out the strategic aims of ensuring that: *"...people at risk of suicide feel able to ask for help, and have access to skilled staff and well-coordinated support", and that "suicide is no longer stigmatised"*. Lifelines Lanarkshire helps address these aims by providing staff with information about suicide and self-harm, and guidance on how to respond to children and young people who may be at risk with a supportive, straightforward and open approach.

The guidance and information in Lifelines Lanarkshire support - and are supported by - the work of the North Lanarkshire Suicide Prevention Partnership/Suicide Safer North Lanarkshire and South Lanarkshire Suicide Prevention Steering Group, and North Lanarkshire and South Lanarkshire Child and Adult Protection Committees.

Lifelines Lanarkshire's aims and objectives

Lifelines Lanarkshire has been designed with the clear purpose to improve the support given to children and young people who may be at risk of self-harm and/or suicide by providing information and frameworks for practice for those who work with them. The aim of Lifelines Lanarkshire is to help keep children and young people safe and to enhance the skills and knowledge base of staff to improve the support they can provide.

Specific objectives of Lifelines Lanarkshire are to provide:

Information to build capacity

- To raise awareness by providing definitions and facts about self-harm and suicide, and to consider the relationship between these
- To provide information for staff on how to talk to children and young people about self-harm and suicide
- To highlight the importance of protective factors for children and young people who may be at risk of self-harm and/or suicide
- To promote preventative, whole school approaches to self-harm and suicide
- To provide information on postvention and recovery
- To promote wellbeing and self-care for those who support children and young people

Guidance for assessment and intervention planning

- To provide frameworks to promote a collaborative approach across agencies in assessing risk and supporting children and young people
- To provide an intervention flowchart for staff to identify level of risk and appropriate actions
- To provide information and clear guidance for assessing risk and recording, monitoring and reviewing the child's or young person's progress
- To provide guidance on confidentiality, information sharing and child protection/adult protections issues
- To provide resources for recording safety plans
- To provide signposting for relevant resources and contacts for children and young people
- To provide information on coping strategies/coping techniques which may be appropriate for children and young people

Section 1:
Background to guidance

Who can use Lifelines Lanarkshire?

As children and young people spend most of their time outside of their home in educational establishments, it is likely that Lifelines Lanarkshire will primarily be used by education staff. However, it is critical that messages are shared by those working throughout Lanarkshire, and that the same language is used when speaking to children/young people, their families and others about self-harm and suicide. Therefore, this guidance has been designed to be used by anyone who works with children and young people as a member of staff or as a volunteer.

This could include:

- School staff
- Social work staff
- CAMHS practitioners
- Public health nurses
- Educational psychologists
- Counsellors working in schools
- Youth workers
- Any adult who works with care experienced children/young people
- Staff from Police Scotland, Scottish Fire and Rescue Service, and the Scottish Ambulance Service
- Those working or supporting in the third sector or the voluntary sector
- Leisure facilities staff or volunteers
- Child/youth organisation staff or volunteers

Functions of Lifelines Lanarkshire

Lifelines Lanarkshire has been written both as an information guide and a guidance document.

Information guide

It is acknowledged that some workers or volunteers from the adjacent list will have indirect or even minimal contact with children and young people. Nevertheless, it is important that these individuals have a level of awareness of the information provided in Lifelines Lanarkshire. In particular, it is critical that they know how to respond if a child or young person presents as potentially being at risk of suicide and/or self-harm, and when to involve other professionals.

Guidance document

Those who have enhanced and/or regular direct contact with children/young people are more likely to have a role in undertaking assessment and intervention and offering support to those at risk of self-harm and/or suicide. For these individuals, Lifelines Lanarkshire should be used not only as an information guide, but also as a guidance document.

Age range

Lifelines Lanarkshire has been designed for use by those working with primary and secondary aged school pupils. However, it is likely that some adult services workers/ practitioners will come across this multi-agency document. Through consultation with colleagues in adult services, it was agreed that Lifelines Lanarkshire's key messages and guidance are useful and applicable to those who work with young adults, including care experienced young adults.

Therefore, the information in Lifelines Lanarkshire is designed to be considered a **helpful** reference for those who work with young adults. However, the information and guidance in this document is **essential** for those who work with children and young people up to the age of 18 (or 26 for those who are care experienced).

Roles and responsibilities

Named Person

In North Lanarkshire and South Lanarkshire the Named Person acts as a point of contact for other professionals who may have a concern about a child/young person (GIRFEC, 2012). The Named Person and the team around the child/ young person support and safeguard their wellbeing.[1]

The child/young person and parents'/carers' voices are central to this process. For the purposes of Lifelines Lanarkshire, the Named Person will normally be the head teacher in the primary school context, and the pupil support teacher in the secondary school context.

Adult Supporter

We know that the Named Person may not necessarily be the adult who knows a child/young person best. They also may not be well placed to offer direct support to a child or young person who may be at risk of suicide and/or self-harm. Throughout this document, we use the term **Adult Supporter** to mean the adult who is working directly to support the child/young person, and who can continue to offer supportive conversations.

Lead Professional

When two or more agencies are working together to support a child/young person, a Lead Professional may become involved in monitoring progress and implementing a Child's Plan. This may also be the Named Person and/or the Adult Supporter, but could be someone from another agency, such as social work or health.

[1] Definition: Although the Named Person Provision within the Children and Young People (Scotland) Act 2014 has not been commenced in Scots Law, health visitors and senior teachers in Scotland continue to offer support and help to families when they need it (**www.gov.scot/publications/getting-it-right-for-every-child-girfec-update-october-2019/**).

Section 2:
Understanding self-harm and suicide

2.1 Self-harm – definitions and facts

"Self-harm includes a broad range of behaviour that causes injury, such as cutting, burning or scratching the skin and non-fatal overdosing.
Self-harm is often a coping mechanism for managing psychological and emotional distress and is not in itself an illness" (SAMH, 2017).

The term self-harm refers to *"...any act of self-poisoning or self-injury, irrespective of the apparent purpose of the act. This commonly involves self-poisoning with medication or self-injury by cutting, but can also include biting or burning. There are three important exclusions which this term is not intended to cover: self-harm through substance misuse, accidental self-harm, and self-harm related to eating disorders".* (Working with children and adults who may be at risk of self harm: practice guidance, Scottish Government, 2012).

Although it is difficult to acquire precise figures, research indicates that at least 1 in 10 adolescents report having self-harmed (Hawton, Saunders, and O'Connor, 2012).

Why do children and young people self-harm?

Most people who self-harm do so in order to help themselves cope, and they often hope for an improvement in their situation. Children and young people may report a number of reasons for self-harm, which can serve one or more of the functions in **Figure 1**.

The most common reason young people give for self-harming is to express overwhelming psychological pain (Rasmussen, Hawton, Philpott-Morgan, and O'Connor, 2016). This research has highlighted the complex nature of self-harm and indicated that those who cited 'getting relief from a terrible state of mind' as a reason for self-harming in the past, may be at risk of self-harming again. Although less common, some young people do report 'wanting to die' as a reason they previously self-harmed.

Please see Section 2.2 to explain how knowledge about others' self-harming behaviours can influence self-harming behaviour in children and young people.

Figure 1:

Challenging common myths about self-harm (Samaritans)

Only 'emos' self-harm, it's part of modern-day youth culture

There's no such thing as a typical person who self-harms. It can affect anyone of any age, background or race, and regardless of whether they are an extrovert or an introvert.

It's just a phase – they'll soon get over it and stop doing it

Some young people self-harm on a regular basis, while others do it just once or occasionally. For some people it's part of coping with a specific problem and they stop once the problem is resolved. Other people self-harm for years, or whenever certain kinds of pressures and problems arise. Self-harm can become habitual behaviour for some people. Telling somebody to 'just stop it' will not work and could possibly alienate them further. They may find another more dangerous method of coping or they may also feel they are letting people down if they are unable to stop, which adds to the pressure on them, and the sense of failure. They need help and understanding to recover, and to learn other strategies for coping with emotional pain and stressful situations.

They're just doing it to get attention

Self-harming is very private and personal and people who self-harm often go to great lengths to cover up their injuries. The attention that self-harming does bring is often negative. For some, self-harm is a release that doesn't – or needn't – attract the attention of others. It can be performed in private, dealt with in private and then covered up with clothing. Self-harm is not manipulative behaviour – many people who self-harm are often unaware of the effect that their self-harming has on others. People who self-harm often find that this means they are further isolated from everyone because of the shame they feel and the difficulty they experience in being able to talk about what is going on.

People who self-harm want to take their own lives

Some people who self-harm see it as a way of staying alive and coping with the difficulties they are facing. For many, self-harm is not about the inflicting of physical pain but coping with emotional pain. Childline and other support lines for children believe that unvented emotions such as anger and frustration may often be behind self-harm, which provides an unhealthy but seemingly cathartic outlet for the build-up of these feelings. Other factors that can lead to self-harm may include stress arising from a difficult home environment or a general sense of having no control over life. Self-harm can be a way of seeking relief. Where many people cope by, say, crying on another person's shoulder, some people find that self-harm is a way of coping with difficult feelings when they do not know how else to cope with them.

Children who self-harm have been sexually abused

While some people who have been physically, sexually or emotionally abused may self-harm, that is not the case for most people who self-harm. There are many different triggers and often young people find it difficult to pinpoint the exact thing that caused them to self-harm in the first place. For many self-harming is a way to cope – to release tension, stress or pressure. Some people harm themselves because they don't know how else to cope with pressures from family, school and peer groups. Extreme feelings such as fear, anger, guilt, shame, helplessness, self-hatred, unhappiness and depression can build up over time.

When these feelings become unbearable, self-harm can be a way of dealing with them.

www.samaritans.org

2.2 Suicide – definitions and facts

"Suicide is death resulting from an intentional, self-inflicted act."; Suicidal behaviour comprises both completed suicide attempts and acts of self-harm that do not have a fatal outcome, but which have suicidal intent."
(from Scotland's Suicide Prevention Action Plan: Every Life Matters, Scottish Government, 2018).

Statistics regarding deaths by suicides are collated on an annual basis and published by the UK and Scottish Governments. This allows for the exploration of trends. The following information is based on the most currently available statistics at point of writing. As suicide rates fluctuate over time, the Scottish Public Health Observatory and National Records of Scotland websites can provide up to date information **(**www.scotpho.org.uk/ ; www.nrscotland.gov.uk/**)**.

Since the 1990s, Scotland has had a higher suicide rate than the UK overall, and in 2018 saw a 15% increase in suicides on the previous year. The majority of those who die through suicide are male (around 75% in 2018), although this statistic disguises the number of females who do not die from an attempted suicide. The suicide rate is three times higher in the most deprived areas of Scotland compared to the least deprived areas, although these differences are reducing over time.

Globally suicide is the third leading cause of death of those in the 15-19 year old age group **(World Health Organization, 2 September 2019** www.who.int/news-room/fact-sheets/detail/suicide**)**, and the Scottish 2018 statistics showed an increase in deaths through suicides amongst the under 25 age group. However, the largest number of suicides in 2018 were amongst those aged 35-54.

The impact of knowledge about suicides

Children and young people are particularly vulnerable to a phenomenon whereby the knowledge of the suicide of others might increase the likelihood of further suicides. This can happen when an earlier suicide within a family, peer group, community setting (i.e. school), social media group or in the wider media increases the risk of a child or young person going on to make a suicide attempt.[2]

Suicide clusters can appear when there are a larger number of suicides than would be predicted within certain locations (point clusters) or within a relatively short period of time (temporal clusters). A research review by Hawton, Hill, Gould, Lascelles, Robinson (2020) suggests a range of mechanisms, which might explain this phenomenon:

Social Transmission

When direct/indirect knowledge about a suicide (e.g. a friend or a celebrity) can lead to thoughts about suicide or suicide attempts

Descriptive Norms

The perception that suicide is a common coping strategy

Assortative Relating

When there are close social ties between those with pre-existing risk factors or vulnerabilities

Social Integration

When the rapid sharing of information about suicides and shared explanations for these can lead to further suicides in tight-knit or smaller communities

Shared information about self-harm can also lead to similar increases in other children and young people engaging in self-harming behaviours.

[2] The term *suicide attempt* is used throughout this guidance. Other suicide prevention organisations/documents use the phrase *previous suicide behaviour.*

Challenging common myths about suicide (Samaritans)

People who talk about suicide aren't serious and won't go through with it.

People who kill themselves have often told someone that they do not feel life is worth living or that they have no future. Some may have actually said they want to die. It's possible that someone might talk about suicide as a way of getting attention, in the sense of calling out for help. It's important to always take someone seriously if they talk about feeling suicidal. Helping them get the support they need could save their life.

If a person is serious about killing themselves then there's nothing you can do.

Often, feeling actively suicidal is temporary, even if someone has been feeling low, anxious or struggling to cope for a long period of time. This is why getting the right kind of support at the right time is so important.

You have to be mentally ill to think about suicide.

One in five people have thought about suicide at some time in their life. And not all people who die by suicide have mental health problems at the time they die. However, many people who kill themselves do suffer with their mental health, typically to a serious degree. Sometimes it's known about before the person's death and sometimes not.

People who are suicidal want to die.

The majority of people who feel suicidal do not actually want to die; they do not want to live the life they have. The distinction may seem small but is very important. It's why talking through other options at the right time is so vital.

Talking about suicide is a bad idea as it may give someone the idea to try it.

Suicide can be a taboo topic. Often, people who are feeling suicidal don't want to worry or burden anyone with how they feel and so they don't discuss it. However, by asking someone directly about suicide, you give them permission to tell you how they feel. People who have felt suicidal will often say what a huge relief it was to be able to talk about what they were experiencing.

Once someone starts talking they've got a better chance of discovering options that aren't suicide.

"Evidence shows asking someone if they're suicidal can protect them. They feel listened to, and hopefully less trapped. Their feelings are validated, and they know that somebody cares about them. Reaching out can save a life." Rory O'Connor, Professor of Health Psychology at Glasgow University.

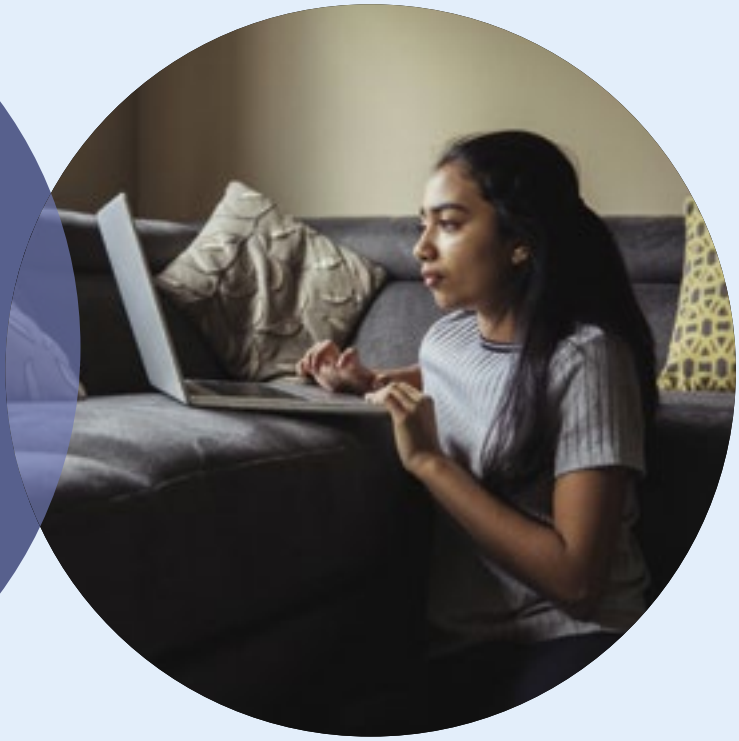
People who say they are going to take their own life are just attention seeking and shouldn't be taken seriously.

People who say they want to end their lives should always be taken seriously. It may well be that they want attention in the sense of calling out for help, and helping them get support may save their life.

www.samaritans.org

2.3 The relationship between self-harm and suicide

We know that many people who die by suicide may have a history of self-harm and that the relationship between suicide and self-harm is complex (Cutliffe and Santos, 2012; Konsky, May and Glen, 2013).



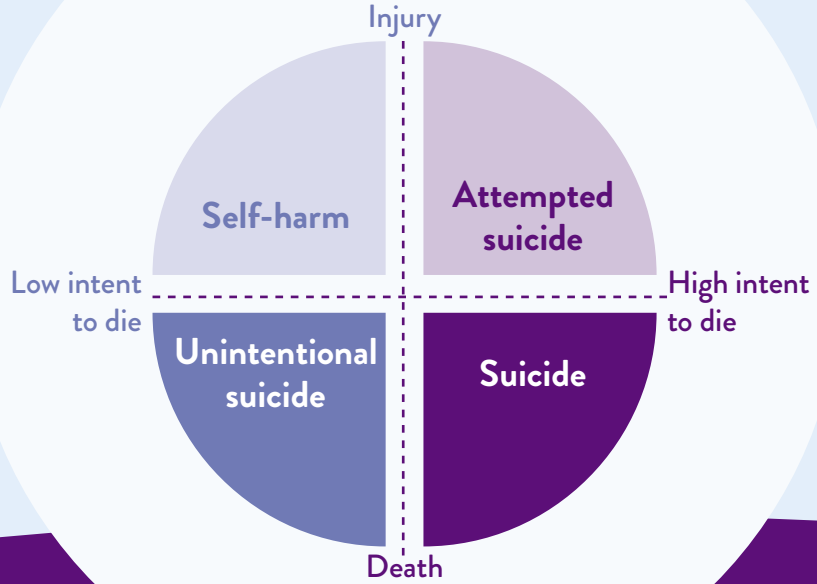
The majority of those who self-harm do not have suicidal thoughts when self-harming but this act itself can escalate into suicidal thoughts and behaviours. **Figure 2** demonstrates how the relationship between self-harm and suicide is influenced by an individual's intention when self-harming and by the severity of injury experienced.

Not only can an individual's intentions change over time, but they also can be at greater risk of suicide when self-harm no longer helps them to cope or when the use of alcohol and/or other substances is involved.

This complex relationship between self-harm and suicide means that children and young people who self-harm should also be assessed for their risk of suicide.

Figure 2:

Self-harm is not suicide, but may become suicide



Centre for Suicide Prevention (CSP) 2016

2.4 Risk factors

We know that some factors put children and young people at greater risk of self-harm and suicide. These include individual, cultural and psychological factors and life events:

- Gender
  - Females are at greater risk of self-harm
  - Males are at greater risk of dying by suicide
- Identifying as LGBTI
- Being care experienced
- Alcohol/drug misuse
- Mental health concerns (i.e. depression/anxiety)
- Childhood physical/sexual abuse
- Loss and/or trauma
- Being bullied (including via social media)
- Family history of self-harm and/or suicide (See Section 2.2)
- Exposure to self-harm or suicide in: family; peer group; community; and/or social media (See Section 2.2)
- Relationship difficulties
- Feelings of hopelessness and/or entrapment
- Difficulties with emotional regulation
- Impulsivity
- Offending behaviour
- Low self esteem

The above list of risk factors is not exhaustive. In addition, the significance of any risk factor(s) will be unique to each individual and their set of circumstances. Those who have multiple risk factors will not necessarily engage in self-harm or attempt suicide. However, some children/young people with one risk factor could go onto self-harm or attempt suicide.

2.5 Protective factors

The majority of children and young people who have been exposed to these risk factors will not be at risk of self-harm or suicide. There are protective factors in most children's/young people's lives which help them to respond with resilience when they are confronted with adverse situations or other difficult life events.

Protective factors exist at the following levels:

- At the school/community level – a child/young person can benefit from feelings of connectedness with their school and teachers and benefit from living in a community where they feel safe
- At the family/peer level – a child/young person can have positive relationships with peers and a family that provides guidance and boundaries
- At the level of the individual – a child/young person can enjoy good physical and mental health or have the capacity to learn

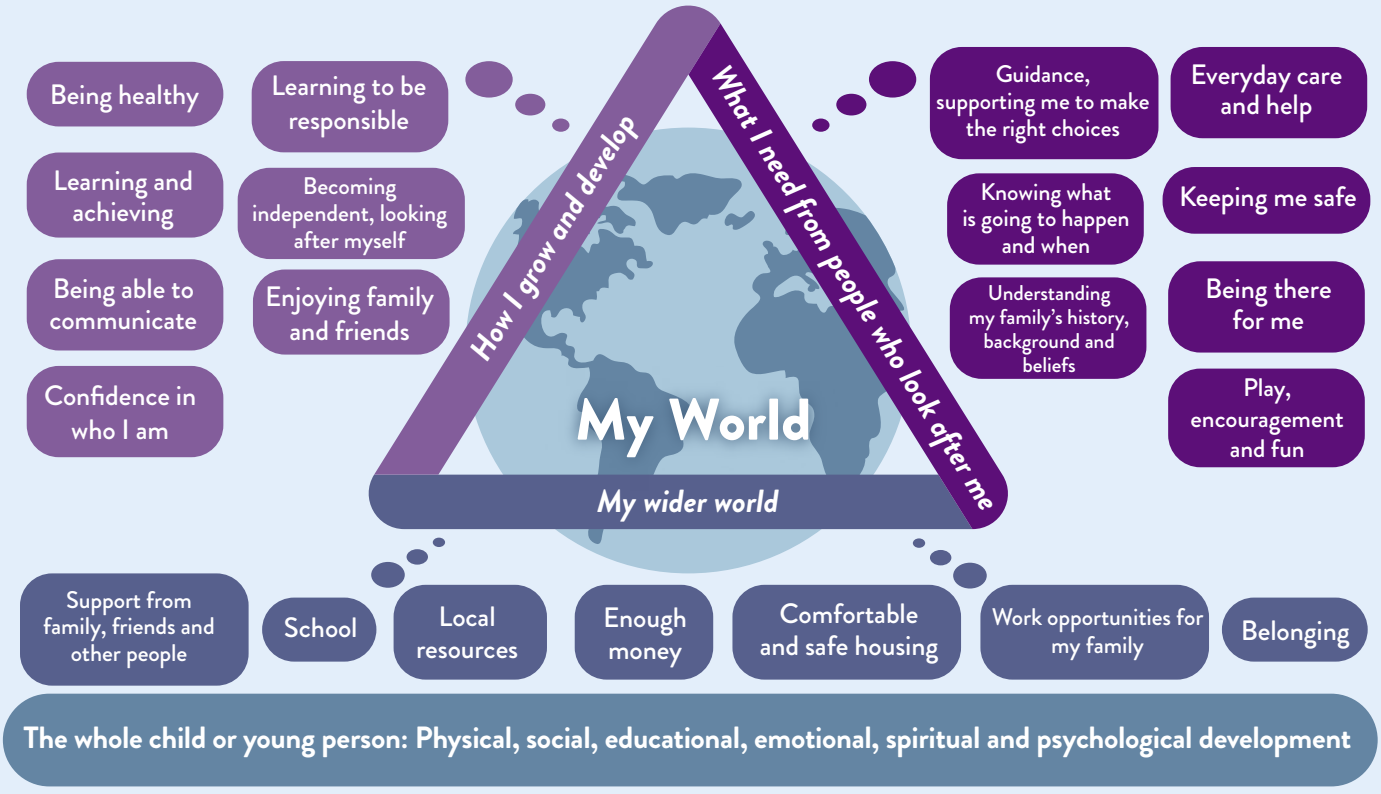
The My World Triangle (GIRFEC National Practice Model, 2016) provides some examples of protective factors which support children/young people's development, and help them cope with difficult situations that they may confront **(see Figure 3 - My World Triangle)**.

2.6 Assessing risk and protective factors

The My World Triangle can be used to assess holistically the strengths or wellbeing concerns in a child's or young person's world. It supports practice that considers both needs and risks, but also protective factors using an assets-based approach.

Information gathered should be proportionate and relevant to factors which may play a part in the life of a child/young person who may be at risk of self-harm and/or suicide.

Figure 3: My World Triangle (GIRFEC, 2016)



2.7 Internet and social media influences

In recent years there has been increasing concern and focus on the potential influence of social media (i.e. websites and applications/ apps) on the wellbeing and mental health of children/young people.

As noted in Section 2.2, children and young people are particularly vulnerable to the phenomenon whereby knowledge of self-harm and attempted suicides or deaths by suicide may increase the likelihood that they will engage in similar behaviours. These pervasive and immediate forms of information and communication have led to greater awareness of incidents of self-harm and suicide; this may result in the 'normalisation' of risky behaviours as coping mechanisms (see Section 2.2).

In their review of research in this area, Hawton et al. (2020) noted that the instant sharing of information about suicides increases the 'potential spread' of information beyond geographical boundaries. This makes it difficult to identify links between those who have died and those who may be affected and at greater risk through on-line direct or indirect association.

The wide-spread use of social media has increased the possibility that children and young people will experience bullying, which is inescapable, hidden, and involves those with whom, in the past, they would not have had direct social contact. Cyber bullying can increase the risk that a child/young person who already has thoughts of suicide will go on to attempt or complete suicide (Erbacher, Singer, and Poland, 2015).

However, the internet/social media may also be a mitigating factor for children/young people by enabling them to access information, advice and suggestions for support, for example from suicide prevention organisations. Social media may also help to reduce feelings of isolation or stigmatisation in children/ young people who feel marginalised, either socially or geographically (Hawton et al., 2020). In addition, there is an increasing range of positive digital resources to support children's/young people's wellbeing.

Given the complex nature of social media, Adult Supporters should be alert to its potential impact on children and young people who may be at risk of self-harm and suicide.

Section 4 provides information about how to speak to a child/young person when you think they may be at risk of self-harm or suicide.

Section 3:
Confidentiality, information sharing and child protection

This section should be read in conjunction with your organisation's child protection policy.

Our primary goal when working with children/young people who are at risk of self-harm or suicide is to keep them safe. When addressing mental health and wellbeing concerns, those who work with children and young people normally share information with others - including parents and carers - as appropriate. This is considered best practice and is in line with GIRFEC by ensuring joined up working and that families are central in decision making.[3]

However, there are a number of additional factors which must be taken into account when making decisions about disclosing information about a child's/young person's thoughts, feelings or concerning behaviour related to self-harm and suicide.

3.1 Rights of the child or young person

The Human Rights Act 1998, confidentiality and data protection

The Human Rights Act (1998) makes the European Convention of Human Rights (ECHR) part of Scottish law, and organisations cannot do anything that would breach someone's human rights. Article 8 of the ECHR states everyone has a right to *"...respect for their private and family life, home and correspondence"*. In addition, legally binding duties of confidentiality and privacy are owed to all children and young people. This means that you and your organisation cannot disclose any private information about a child or young person unless they agree for you to do so, **or** unless a strong public interest overrides those obligations.

For instance, when working with children and young people you can (in fact you **must**) share information with the public interest of protecting them from substantial harm either physically or with regard to their mental health. This is the same level of harm that would raise a child protection concern (see Section 3.4). In those cases, the public interest overrides the interests of the child/young person concerned and is a defence against accusations of breaching confidentiality.

Data sharing outwith these situations (when concerned about a child's/young person's general physical or mental wellbeing, for example) is unlikely to meet the level of harm invoking the public interest, and you must therefore gain agreement (specific agreement is required if the concern is unrelated to providing support services) from the child/young person to share their information.

[3] See Appendix 1 for information on GIRFEC services.

This sharing is governed by the separate arrangements put in place by your organisation/agency.

The General Data Protection Regulation (as supplemented by the Data Protection Act 2018 (GDPR)) gives rights to children and young people in relation to the handling of their personal information. The GDPR says that, provided you are not in breach of any other laws, you can share private information about a child or young person in particular circumstances including without seeking consent, or in extreme cases without telling them that you are doing so, and still be in compliance with their rights.

The permitted circumstance which allows you to share information would be to protect the vital interest of the child or young person at serious risk of harm either physically or to their mental health. Please see **Appendix 2** for additional information.[4]

3.2 Capacity and data protection rights

The ability to consent to the sharing of information or the exercise of data protection rights applies equally to all ages of children and young people. However, the ability to exercise these rights depends upon the capacity of the child or young person.[5]

In general, a person under the age of 16 has legal capacity where that child/young person has a general understanding of what is involved in and the consequences of exercising their rights (e.g. confidentiality and/or sharing of personal data). Specific considerations for different age ranges are presented below:

- **Young people over 16 years - considered to have capacity except in situations where they have a legal guardian appointed by the court or there is very strong evidence that they do not have capacity**
- **Children/young people aged 12 years to 16 years - presumed to have capacity unless there is proof to the contrary indicating that they do not have the ability to understand their situation, including the impact of any decisions made about them**
- **Children under 12 years - viewed as not having capacity unless there is proof to the contrary indicating they do have the ability to understand their situation and the impact of any decisions made about them**

Where a child or young person does not have capacity to exercise their rights, there are times when others can make decisions on their behalf. These others are usually someone with parental responsibilities and parental rights or a legal guardian appointed by courts.

[4] Whilst the laws outlined above are different, they must be viewed as applying to all data sharing. This means that you cannot justify sharing data under GDPR (2018) if this would breach the respect to privacy under the Human Rights Act 1998 and/or the duty of confidentiality owed to a child or young person, and vice versa.

[5] See The Age of Capacity (Scotland) Act 1991 and The Data Protection Act 2018 for further information about capacity in relation to data sharing.

When should I share information about a child or young person with their parents or carers?

It can be very difficult for those who work with children and young people at risk of self-harm and suicide to know what to do when a child/young person asks them not to tell anyone about their thoughts, feelings or behaviours.

Decisions to share information should be made on a case-by-case basis. However, the laws and considerations outlined above must be taken into account when decisions are made about sharing information. In practice this means:

- **If a child or young person is considered to be at risk of serious harm, you can share this information with family members and others outwith your organisation, as it is in the public interest/vital interest of that child/young person to do so.**
  Please note, in some rare cases it may not be in the public interest to share information with family members – this should be considered in line with child protection procedures.
- **If you are concerned about the wellbeing of a child or young person over 12 who has capacity (based on the listed considerations) but consider that they are not at risk of serious harm, you cannot share their information with family members and others outwith your organisation without their agreement.**

Any decisions about level of risk and capacity should be taken collaboratively with others, as outlined in **Section 5**. [6]

[6] Public sector organisations often share information as part of their functions and duties. Please see Appendices 1 and 2 which outline information sharing in GIRFEC services, and permitted circumstances for data sharing.

[7] In particular, they must be clear in what circumstances information will be shared without agreement for a purpose other than to provide the support, advice and/or information where, during the discussions, the child or young person discloses information about likely harm to themselves or others.

3.3 Best practice in information sharing

It is imperative that adults who work with children/young people who have capacity make clear the reason and nature of their involvement and the support they can or will be providing at the outset of a working relationship.

Adult Supporters should be clear about what support, advice or information they will provide. They must also be clear about the circumstances in which they share information, including:

- **What information will be passed on and to whom**
- **Any recommendations that will be made, and to whom**
- **Any actions that will be taken**

Within this context, Adult Supporters must be explicit in letting children/young people know what information will be shared with other services (i.e. to update or for onward referral), while emphasising that the information will be treated with respect and in most cases confidentially.

Ensuring safety and wellbeing and respecting the views of children and young people

According to the UN Convention of the Rights of the Child, every child has the right to: *"...express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously"* (1989, Article 12). This means that the views and wishes of a child or young person must be central to any decisions about information sharing. Adult Supporters must conduct themselves with candour and transparency when issues of confidentiality and information sharing are being considered.[7]

In all cases, any information to be shared with other professionals and parents/carers should be proportionate, relevant and necessary to ensure safety and wellbeing and take into account the rights discussed above.

Please note, in some cases, the immediate sharing of information with parents/carers may be detrimental to the safety and wellbeing of the child/young person. In such cases it is important that the Adult Supporter consults urgently with the Child Protection Coordinator.

3.4 Child protection

Where you have a reasonable concern that a child or young person is, or is likely to be, at risk of harm or you are made aware of such a concern, you have a responsibility to share and exchange relevant information with other professionals.

You should do so without delay and with confidence by following your agency's child protection procedures (or adult protection procedures, if appropriate).

The above includes situations where the harm caused would be significant enough to be more than a wellbeing concern in relation to the child or young person; specifically, where the child/young person is at risk of:

- **Serious self-injury or suicide**
- **Physical, emotional or sexual abuse**
- **Neglect, child sexual exploitation, child trafficking, enforced labour**

Child or adult protection procedures should also be followed when urgent medical treatment is required.

Please note, child protection procedures must always be considered. Consult your agency's Child Protection Coordinator/Officer/Lead for further information.

3.5 Data Sharing

Every organisation/agency has a duty to comply with the GDPR with regard to sharing information. Organisation-specific procedures and guidance should be followed, and a Privacy Notice should be available to set out how and when information will be shared.

However, in relation to protecting a child or young person from serious harm, the fact that no notice has been given does not necessarily prevent the sharing. For further information on issues around data sharing, consult with your organisation's data protection policy, guidance and procedures and your organisation's Data Protection Officer. Further information can be found on the Information Commissioner's Office website (https://ico.org.uk/).

Section 4:
Talking about mental health, self-harm and suicide

4.1 Promoting positive mental health

The promotion of good social, emotional and mental wellbeing should underpin the culture, systems and practice of every educational establishment. Schools should ensure that they have strategies and a whole school approach in place to promote mental health, reduce stigma and provide support for all pupils and, in particular, those reporting feelings of distress or worry.

It is good practice to have a staged intervention approach to supporting children and young people in order to meet their needs in the least intrusive way (Supporting Children's Learning: Code of Practice, Scottish Government, 2010). **Appendix 3** provides some examples of possible intervention pathways to promote positive mental health.

Despite the focus on promoting positive mental health within education and across other agencies, there will be some children and young people who will be experiencing distress and who are considering or are at risk of self-harm and/or suicide. These children/young people require a more intensive, supportive and individualised approach by adults who know them best.

4.2 Talking with individual children and young people about self-harm and suicide

It can be difficult, painful and frightening to talk about self-harm and suicide. It can be hard to know where to start or how to help when you are concerned about an individual child or young person. It can be particularly daunting for those who work with primary aged children to talk about these issues. However, being open and asking if someone is self-harming or has thoughts of suicide can be critical.

Many children and young people feel isolated about self-harming and/or their thoughts about suicide, and do not feel that they are able to tell anyone. Talking about self-harm and suicide does not make it more likely to happen; it can reduce stigma and the development or improvement in connections with others can be the first step in a person's recovery (see Grimmond, Kormhaber, Visentin and Cleary, 2019).

As discussed in **Section 3**, it is also important to be clear about confidentiality. In the vast majority of cases, it is imperative to work with the child/young person and gain their consent to inform parents, carers and other services. However, if that child/young person (no matter what age) is a serious risk to themselves or others, then there is a duty of care for the worker to inform relevant parties in order to ensure safety. Please see **Section 3** for detailed information about human rights, confidentiality and data sharing.

We recognise that staff who work closely with children/young people will already be highly skilled in engaging and supporting them. However, it is worth remembering key active listening skills below and as shown in **Figure 4** when talking with children and young people:

- Try to be **fully present** and engaged and use verbal and non-verbal skills to demonstrate this.
- **Be attentive** and listen carefully. Show an interest in what the child/young person is saying.
- **Be genuine.**
- **Demonstrate warmth, friendliness and acceptance** of the child/young person and what they are saying, and compliment them on their strengths.
- Try to get 'alongside' the child/young person and **respond with empathy** by considering their lived experience, which will be different from your own.
- **Communicate at an appropriate level** to ensure the child/young person will understand you. Be clear and concise in your use of language and avoid jargon.
- **Ask for clarification and paraphrase** what the child/young person has told you to ensure your understanding.
- **Try not to make assumptions** or disagree/argue with them.
- **Be attuned to** (tuned into) the feelings that are being expressed, and look for differences between non-verbal and verbal communication.
- **Summarise** the discussion.

Talking with a child/young person about self-harm and suicide can sometimes feel overwhelming. Please refer to Section 7 for information on how to cope with these difficult experiences and what support is available for supporters.

Figure 4: Active listening skills

4.3 Starting the conversation

When beginning an interaction or engagement with a child or young person, it is important that the Adult Supporter indicates how much time they have available but that if more time is needed there are ways to accommodate this.

The beginning of any conversation about self-harm and suicide may not be very different than any other conversation you have with a child/young person who may be feeling sad, worried or overwhelmed about things. Depending on what a child/young person may say to you, you can offer empathy by asking:

"I have noticed you seem a bit down/ upset/worried/overwhelmed. Is everything ok?"

"Is there anything you would like to talk about?"

"Can I help with anything else?"

The responses to these questions can help you to decide what to do next. Although there is no way of knowing for certain if a child/young person is thinking about suicide, sometimes they may respond by saying things like:

"Sometimes I think things would be better if I wasn't here."

"I just want the pain to end."

However, sometimes you may just get a feeling that someone is considering suicide. If you have any concern that the child/young person may be at risk, you should ask more specific follow up questions (see **Talking about suicide** section).

See the **Talking about self-harm section** if the child's/ young person's responses to your initial questions make you concerned that they may be thinking about self-harm.

Talking about suicide

If a child's/young person's verbal or non-verbal response to your questions makes you think they might be considering suicide, it is best to directly ask them. This can feel difficult, but if they are thinking about suicide, having you use the word tells them that it is OK to openly talk about their thoughts with you. You can try the following questions/ Conversation Starters from Papyrus:

Conversation Starters (from Papyrus)

Sometimes, when people are feeling the way you are, they think about suicide. Is that what you're thinking about?

It sounds like you are thinking about suicide, is that right?

Are you telling me you want to kill yourself? (or end your life? or die by suicide?)

It sounds like life feels too hard for you right now and you want to kill yourself, is that right?

www.papyrus-uk.org

If the child or young person you are talking to answers 'yes' to the above questions, use your active listening skills and allow them to express their feelings. They may feel a huge sense of relief that someone is willing to hear their darkest thoughts. As the conversation continues, you can use other supportive comments and questions:

Conversation Starters (from Papyrus)

Things must be so painful for you to feel like there is no way out. I want to listen and help.

Can you tell me more about why you want to die?

It's hard and scary to talk about suicide but take your time and I will listen.

It's not uncommon to have thoughts of suicide. With help and support many people can work through these thoughts and stay safe.

You've shown a lot of strength in telling me this. I want to help you find support.

www.papyrus-uk.org

Reassure children and young people that they are not alone, and you can look for support together.

If the child or young person is not thinking about suicide, they will likely tell you that they aren't. Asking does not make it more likely that they will consider/attempt suicide, but it may help to further build trust between you. In addition, it will help you gather information about the potential level of risk.

Responding to invitations

A child or young person with thoughts of suicide might offer 'invitations', commonly known as signs or indicators that they are thinking about suicide. This is where the child or young person is literally inviting help and tells someone (as clearly as possible either by their words, behaviours, or actions) that they are having thoughts of suicide. Invitations may not always be blatantly obvious, and they are sometimes missed. An Adult Supporter may know what to look for and is thus more likely to notice such invitations (ASIST Participant Workbook, 2020, LivingWorks Education Inc.).[8]

How we experience invitations	Invitations for help
What we can see	Careless, moody, withdrawn, self-isolation, extreme behaviour changes, loss of interest, self-neglect
What we can hear	Negative statements such as 'all my problems will end soon', 'no one can help me', 'I just can't take it anymore', 'I just can't do anything right'.
What we can sense	Desperation, anger, guilt, worthlessness, sadness, loneliness, hopelessness and helplessness
What we can learn	Past or present abuse, rejection, loss, experience of suicide

[8] Information about how to access ASIST training (Applied Suicide Intervention Skills Training) can be provided by the Suicide Prevention Coordinators for North Lanarkshire and South Lanarkshire. The training booklet is provided to those who undertake the training (see www.livingworks.net for more information).

Section 4:

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What we see hear, sense, and learn from people can give an indication about the possibility that suicide might be being considered.

Again, it is important to explore invitations by straightforwardly and directly asking the child or young person if they are thinking about suicide.

Talking about self-harm

If a child's/young person's verbal or non-verbal responses to your initial questions/dialogue make you think they might be self-harming, it is best to directly ask them. You may also just have a feeling, or you may have noticed some injuries or attempts to hide or cover up parts of their body. It can feel difficult, but if they are self-harming or thinking about self-harming, asking a child/young person about it can help them feel safe about sharing their thoughts/situation with you.

The Conversation Starters from Papyrus can be adapted slightly to ask about self-harming or thoughts of self-harming. Questions should be sensitive, but direct and straightforward. As with suicide, asking does not make it more likely that they will consider self-harming, but may help to further build trust between you (O'Reilly, Kiyimba and Karim, 2016). As with suicide, asking about self-harm will provide you with information about the potential level of risk of a child/young person self-harming.

Important next steps

If through discussions you feel a child/young person may be at risk for suicide or self-harm, **Section 5** will guide you through the assessment and intervention process.

Appendix 7 has a list of some helpful contacts and resources. Some of these are specific to suicide and self-harm, but others provide more general mental health and wellbeing information for children and young people who may not be at risk but might benefit from this signposting. In addition, some of the contacts and resources may also be relevant for peers, families and Adult Supporters.

Remember to refer to Section 7 for information on the supports available for you when you are supporting a child/young person who may be considering self-harm or suicide.

Section 5:
Assessment and intervention

5.1 Underlying principles

This section outlines the procedure for Adult Supporters and those from other partner agencies to help them recognise and respond to children/young people who may be at risk of self-harm or suicide. The primary aim is to ensure that children and young people are safe and supported and then – and only then – to look more closely at the issues affecting them and their self-harming and/or suicidal thoughts.

When working alongside a child or young person who may be at risk of self-harm or suicide, the Adult Supporter must demonstrate empathy, acceptance, genuineness and respect, and a caring non-judgemental approach. Please refer to Section 4.2 to find out more about starting conversations and responding to 'invitations', which can help to assess risk/level of concern.

5.2 Lifelines Lanarkshire Assessment and Intervention Flowchart

The Lifelines Lanarkshire Assessment and Intervention Flowchart (see last page of this document) has been designed to help those working with children and young people clarify the response, actions and processes around four levels of concern: **low**, **medium**, **high** and **emergency**.

5.3 Levels of concern

The Lifelines Lanarkshire Assessment and Intervention Flowchart uses the following definitions and examples to help an Adult Supporter to gauge level of concern and to help plan an intervention.

Examples given are not exhaustive and should be seen as a guide.

Low level of concern

The child/young person has self-harmed to an extent that is unlikely to cause death or serious harm **and** they do not have thoughts of suicide or a suicide plan.

Medium level of concern

The child/young person has self-harmed to an extent that could cause accidental death if undetected or untreated, **and/or** they have thoughts of suicide but no plan or intent. Other risk factors may be present.

High level of concern

The child/young person has self-harmed to an extent that could cause immediate accidental death **and/or** they intend to complete suicide and have a suicide plan and they may have previously attempted suicide. Other risk factors may be present.

Emergency level of concern

There is evidence of a serious suicide attempt **and/or** a serious laceration or self-injury including ingestion of drugs.

5.4 Assessment and intervention process

Throughout the assessment/intervention process, the Adult Supporter should refer to and follow the Lifelines Lanarkshire Assessment and Intervention Flowchart **(see last page of this document)**. In addition, the Adult Supporter should seek line management and peer support.

Stages of assessment and intervention

The assessment and intervention process begins with concerns being identified through discussions with a child or young person, observations of behaviour or reports from others. The Adult Supporter should speak to the child/young person in a private, quiet place.

The following table provides an overview of the assessment and intervention process at each stage, from initial assessment through to follow up. See Lifelines Lanarkshire Assessment and Intervention Flowchart on the last page of this document.

At all stages Adult Supporters should be alert to changes in the child's/young person's presentation, including non-verbal clues (see **Section 4**), and basic first aid/medical assistance should be considered and provided if required.

Section 5:
Assessment and intervention

Stages of assessment and intervention

Stage of assessment/intervention	What to do:

Stage 1
Assessment of the nature and level of concern
	• Adult Supporter explores the nature and level of concern with child/young person (see Sections 4.2 and 4.3)
	• Adult Supporter checks for existing involvement with social work or other appropriate services, and if the child or young person is care experienced
	• Adult Supporter liaises with key colleagues to assess and agree level of concern, including:
	  • Adult Supporter's line manager
	  • The Named Person for the child or young person
	  • Child or Adult Protection Coordinator (if appropriate)
	  • Lead Professional (if appropriate)
	  • Colleagues from other agencies (if appropriate)
	• Ensure peers of child/young person are supported

Stage 2 **Action**	The nature of actions taken are dependent on the level of concern agreed (see Lifelines Lanarkshire Assessment and Intervention Flowchart for details). These may include: • Acting to ensure safety • Informing parents/carers if appropriate (see Section 3 for guidance) • Providing emergency contact numbers to child/young person • Identifying and involving existing support • Signposting to self-help organisations, apps/websites (see Appendix 7 for a resources and contacts list) • Requesting support from other agencies • Agreeing/completing safety plan with child/young person
Stage 3 **Monitoring and reporting**	The reporting and monitoring processes followed are dependent on the level of concern agreed (see Lifelines Lanarkshire Assessment and Intervention Flowchart for details). These may include: • Agreeing actions to monitor child/young person and by whom • Continuing to monitor the child/young person and remaining vigilant (i.e. even if the initial concerns have ceased and the child or young person is no longer self-harming or discussing thoughts of suicide) • Referring to other agencies, if appropriate • Completing appropriate paperwork/records used by establishment • Completing Checklist of Action and providing a copy to the Named Person and placing a copy in the child's/young person's file. • Agreeing/completing safety plan with child/young person (if not completed at Stage 2) • Updating Lead Professional (as appropriate)

Stage of assessment/intervention	What to do:
Stage 4 **Follow up**	The nature of any follow up actions taken are dependent on the level of concern agreed (see Lifelines Lanarkshire Assessment and Intervention Flowchart for details). These may include: • Maintaining contact with child/young person and parent/carers, if appropriate (see Section 3 for guidance) • Being alert to changes in level of concern • Following up commitment to safety plan • Carrying out reviews as outlined in the Lifelines Lanarkshire Assessment and Intervention Flowchart

Please refer to Section 7 for information on how to cope with these difficult experiences and what support is available for supporters.

5.5 Practical resources

Record of Meeting Form (See Appendix 4)

The Record of Meeting Form is designed to aid the Adult Supporter to record a summary of their contact with the child/young person. When this is completed it is recommended that copies are passed to the child's/young person's Named Person and Lead Professional (if appropriate).

Where staff are supporting a higher number of children/young people, it may not be practical to complete a Record of Meeting Form after every contact, but some record needs to be kept. For cases where concern is high, a system of formal recording and sharing of information with other appropriate agencies is always required, in line with GIRFEC and data sharing procedures (and Critical Incident Protocols in the case of education).

Always work within your own agency's child protection or adult protection guidelines.

Level of Concern Checklists (See Appendix 5)

There are four checklists, one for each level of concern (i.e. low, medium, high and emergency).

These forms are used at different points:

- **At point of first identification of concern about a child/young person self-harming or their thoughts about self-harm and/or suicide**
- **Following a formal monitoring of their progress**
- **When an increase in the level of concern is identified**
- **Following an emergency situation**

The Named Person will usually co-ordinate this assessment and support the process, ensuring that the various actions are carried out and recorded. Copies will be given to staff involved in supporting the child/young person in line with laws and principles of data sharing and confidentiality (see **Section 3**).

Safety plans (See Appendix 6)

Safety plans are tools that are used to help people navigate their thoughts about suicide and help them to identify alternatives and resources for times of crisis. The My Safety Plan Booklet (see Appendix 6) can help children/young people to develop and make explicit what they can do when thoughts of suicide become overwhelming. The content of the My Safety Plan Booklet is used in suicide prevention work in Lanarkshire, and has been adapted from Papyrus' Suicide Safety Plan (see the Papyrus website for templates which may be suitable for younger children or those who require a modified version www.papyrus-uk.org/help-advice-resources).

Although safety plans were initially developed as a suicide prevention resource, the framework has in recent years been adapted for other uses, including to support children/young people who are self-harming/having thoughts of self-harming.

The Self-Harm Safety Plan (see Appendix 6) has been designed to be used with children and young people to help them identify their triggers and warning signs and to consider alternatives to self-harm with the goal to minimise harm. The Self-Harm Safety Plan can be used in conjunction with the self-harm coping and distraction strategies outlined in Appendix 8.

Safety plans are written for the use of the child/young person; the approach to writing a safety plan must be collaborative and explicitly agreed by the child/young person. A copy could be shared with their Named Person, their family and/or other professionals if appropriate. However, this would be with the explicit agreement of the child/young person (see Section 3 for information about laws/principles around data sharing and confidentiality).

The Adult Supporter working with the child/young person should ask them for a copy of the safety plan – for their record and as a backup, in case the original gets lost. Again, this should be with the explicit agreement of the child/young person and the safety plan must be kept securely and confidentiality respected. If a child/young person does not agree to provide a copy to the Adult Supporter, the information about what supports they have identified can be recorded in a Record of Meeting Form.

The safety plans do not have spaces for children's/young person's names. This approach is useful to protect privacy and confidentiality in case the form is lost or discovered by someone else. In addition, if it is their plan, the child or young person does not need the administrative formality of including a line for their name; they can customise it in any way they wish.

Distribution list

The Record of Meeting Form, Level of Concern Checklists and copy of the safety plan should be distributed as follows:

Distribution List	Child/young person	Named Person and Lead Professional (school or external agency)	Pupil's school file
Record of Meeting		•	•
Appropriate Level of Concern Checklist		•	•
Safety plan	•	If agreed by child/young person	If agreed by child/young person

Staff must be alert to any request by the child/young person regarding the involvement of their family and the information to be shared with them. This request should be shared with other professionals involved, making them aware of their legal responsibilities when handling such consent and confidentiality/data protection laws and principles (See **Section 3** for details about when to share information about a child or young person with their parents/carers or other organisations).

Signposting to contacts and resources

The above Lifelines Lanarkshire resources are designed to help guide the assessment and intervention process. However, there are many organisations, apps, websites and phone lines which can support children and young people who are at risk of suicide/self-harm, or who have concerns about their mental health or wellbeing. Although this will come up in discussion at Stage 2 – the Action Stage - of the assessment and intervention process, these supports can be raised at any point as appropriate. Please see **Appendix 7** for a list of some helpful contacts and resources, some of which may also be helpful for peers, families and Adult Supporters.

Remember to refer to Section 7 for information on the supports available for you when you are supporting a child/young person who may be considering self-harm or suicide.

Section 6:
Postvention and recovery

Sadly, there may be times when we need to respond to an attempted suicide or a death by suicide of a child, young person, member of staff, or others within the community. These situations will be amongst the most difficult in the careers of Adult Supporters and their colleagues. A collaborative approach across services is required to support those who are affected.

Procedures and protocols for schools

Critical Incident Protocols for North Lanarkshire and South Lanarkshire help schools plan their response when tragic events or situations affect their school community. These protocols provide practical information and advice to educational establishments about:

- **Communicating and sharing information with pupils, staff, parents/carers, senior managers, other agencies, the community and the media**
- **Considering short and longer term in-school supports for those affected by the event**
- **Setting up a multi-agency collaborative team to plan, coordinate and review supports and systems in place**

Information and support for schools on postvention and recovery is also available from Samaritans (www.samaritans.org).

Suicide reviews

One of the actions of the Suicide Prevention Action Plan: Every Life Matters (Scottish Government, 2018), is that appropriate reviews take place into all deaths by suicide to ensure lessons are learned and acted upon at a local level. To this end, in Lanarkshire the Public Protection Group undertakes learning reviews and initial case/significant case reviews as appropriate to individual circumstances, and compiles reports. It is important to keep in mind that staff/volunteers working alongside a child or young person who dies by suicide may be asked to take part in the suicide review process.

Impact on staff

When a tragic event occurs such as a suicide, most school staff will inevitably feel pressure to respond appropriately and professionally to help children and young people to cope with the event, and to ensure the safety of all pupils. Staff can quickly – and unexpectedly - become overwhelmed in these situations, and it is therefore important to ensure that the Adult Supporters themselves are offered supports (see **Section 7**). A creative multi-agency collaborative approach will be critical in helping the school to deliver the postvention and recovery plan, and to support the school community.

7.1 Support for supporters

Supporting children and young people who are self-harming, or who are considering suicide/have attempted suicide can have a significant impact on our normal ability to function. Providing this level of support can affect people in a range of ways, including:

- Physically – lack of energy, difficulties falling asleep, illness
- Cognitively - difficulties remembering and coping with demands of workplace/home
- Emotionally –feelings of stress, low mood and a sense of being overwhelmed
- Socially – avoidance of social situations and changes in levels of sociability

The impact of supporting children and young people at risk of self-harm/suicide will vary, and responses will be as unique and individual as the supporter. The most important thing you can do is to be aware of significant and lasting changes in yourself and your colleagues.

It is crucial that we pro-actively take steps to build our own and our colleagues' capacity to respond and support children and young people. However, we must also do whatever we can to help ourselves and others cope with challenging and upsetting experiences when they do arise, and to ensure this supportive focus continues into the future. See **Figure 5** for best practice examples of what we can do as organisations, colleagues and individuals to care for ourselves and others who support children/young people.

7.2 Self-care and wellbeing

Self-care

- Keep alert to the potential for compassion fatigue.
- Talk to others about these issues and how you are feeling.
- If needed, seek more professional supports and debriefing.
- Ensure a positive work-life balance.
- Take care of yourself by considering diet, sleeping, exercise and the careful use of alcohol and medication.

Support of colleagues

- Meet regularly with colleagues for peer support to discuss/reflect on professional practice and issues that arise.
- Offer and receive regular supervision, coaching and/or mentoring with colleagues from within or outwith your organisation. This allows a more formal opportunity for the discussion of professional activities/issues.

Organisational supports

- Encourage a positive and supportive ethos where staff feel valued.
- Encourage staff to discuss concerns and work collaboratively within a collegial framework.
- Recognise that there can be a cost to caring and providing pastoral care to vulnerable children/young people.
- Apply a collaborative approach to supporting children/young people.

It can be difficult to think about self-care when we are actively supporting children and young people who are at risk; we may automatically put our own wellbeing 'on hold'. However, without caring for ourselves and considering our own wellbeing, it can be very difficult to continue to offer an appropriate and high level of support to others.

There are numerous definitions of wellbeing, along with theories about how to measure and improve emotional/mental wellbeing. In general, most work in this area highlights that people with high levels of mental wellbeing feel optimistic/hopeful, positive, and able to cope with life's challenges.

There is a significant amount of research into the factors which are thought to promote or strengthen mental wellbeing. One model developed to encourage individuals and communities to build mental wellbeing is Five Ways to Wellbeing (New Economics Foundation, 2008). The premise of this model is to think about following the 'five ways' for mental health in the same way as we consider eating five portions of fruit/vegetables a day for physical health.

Five Steps to Mental Wellbeing

NHS Scotland has adapted this model into the Five Steps to Wellbeing, as shown below:

1 Connect

Connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships.

2 Be active

You don't have to go to the gym. Take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life.

3 Keep learning

Learning new skills can give you a sense of achievement and a new confidence. So why not sign up for that cooking course, start learning to play a musical instrument, or figure out how to fix your bike?

4 Give to others

Even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks.

5 Be mindful

Be more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness "mindfulness". It can positively change the way you feel about life and how you approach challenges.

www.nhsinform.scot/healthy-living/mental-wellbeing/five-steps-to-mental-wellbeing

Although the relationship between adopting the five steps and building wellbeing is not straightforward, there is research evidence linking these individual factors to aspects of wellbeing.

A final word about you

You are important. Like the children and young people with whom you work, you are entitled to care for yourself, and to seek and get support when you are feeling that things are difficult or getting on top of you.

Most organisations have processes to support their staff or volunteers, including employee assistance programmes. Looking after yourself is important, and it is okay for you to ask for support. The SAMH website offers information and self-care, mental health and wellbeing, including being mentally healthy at work (www.samh.org.uk). See the list of contacts and resources in **Appendix 7** for some organisations which may be helpful to Adult Supporters.

Appendix 1

GIRFEC services

Your organisation and other public sector organisations offer a number of services to people aged under 16 years of age designed to safeguard, support and promote their wellbeing. These services are intended to meet the child's or young person's need for care and attention because they are unlikely to achieve or maintain or have the opportunity of achieving or maintaining, a reasonable standard of health or development unless these services are provided to them.

This is a lower level of harm than what would require child protection measures. In order to provide these services, it may be necessary for your organisation to share information within itself or to other organisations. This sharing is dependent upon the child or young person taking up the offer of those services. It should not happen before the offer has been accepted.

If a child or young person no longer wishes to receive the services, all data sharing must stop as there is no longer a need to do so.

Appendix 2

Permitted circumstances for data sharing

There is a strong public interest in protecting children/young people and, indeed, others from harm, and this can override obligations in relation to the Duties of Confidentiality and Privacy (GDPR). In such situations, permitted circumstances in data protection laws allow you and your organisation to share information, namely:

- for compliance with a legal obligation to which your organisation is subject; and/or
- in order to protect the vital interests of the child or young person or of another natural person; and/or
- for the performance of a task carried out in the public interest or in the exercise of official authority vested in your organisation; for instance, it could be a public task such as a statutory function of the local authority or the organisation to whom the information is being disclosed.

Note: it is not possible for public sector organisations to share on the basis that the child or young person consents to it being shared, or that it is in the organisation's or those of another public sector organisation's legitimate interests for the information to be shared.

Appendix 3

Promoting positive health and wellbeing in schools

Whole school approaches

Whole school approaches which promote a positive health and wellbeing culture provide a strong foundation for children and young people to learn and develop.

Figure 6 illustrates factors that support mental health and wellbeing at a whole school level (from Supporting mental health and wellbeing through transition, reconnection and recovery: An attachment informed approach, South Lanarkshire Council Psychological Service, 2020).

Figure 6: Factors supporting mental health and wellbeing in schools

Appendices

Personal and Social Education Curriculum

"Learning in health and wellbeing ensures that children and young people develop the knowledge and understanding, skills, capabilities and attributes which they need…to make informed decisions in order to improve their mental, emotional, social and physical wellbeing" (CfE: HWB Principles and Practices, 2009).

Schools are encouraged to develop a Personal Social Education (PSE) curriculum to suit their local context and meet the relevant age and stage of development for children and young people. It is recommended that teachers consult with pupils and respond to their views appropriately, with the goal of ensuring this meets the needs of all children and young people.

There are a range of resources that schools can use to support the delivery of lessons on mental health, including Positive Mental Attitudes (NHS Lanarkshire); What's on your mind (See Me Scotland, www.seemescotland.org/young-people/whats-on-your-mind ; the Healthy Schools Framework; and various resources on the Respectme website (Scotland's Anti-bullying Service, https://respectme.org.uk).

Partnership working across sectors and services

Effective support for the development of children's and young people's health and wellbeing also relies on partnership working between teachers and other colleagues. Health professionals, youth, family and community learning and development staff, educational psychologists, home school partnership workers and active schools workers can make valuable contributions through their specialist expertise and knowledge. These partnerships contribute to whole school approaches and individual planning for children and young people.

The following figures provide examples of partnership working in North Lanarkshire and South Lanarkshire:

Figures 7 and **8** illustrate health and wellbeing partnership working in North Lanarkshire Council to build capacity and support professional development for those working with children and young people.

Figure 9 illustrates a South Lanarkshire staged intervention partnership approach to supporting mental health and wellbeing, and **Figure 10** presents examples of this approach from Strathaven Academy, South Lanarkshire Council.

Figure 7: Health and Wellbeing Framework for building capacity in the workforce in North Lanarkshire Council

Education and Families - Health and Wellbeing Framework
Building Capacity in the Workforce

Nurtured and resilient children, families and communities

Self-evaluation

HGIOELC

Care Inspectorate Quality Improvement Framework

HGIOS 4

GIRFEC

Intensive

Developing a skilled workforce in order that they:

- Recognise and respond to those children and young people requiring the highest level of support - including children and young people who are care experienced at risk of becoming looked after and on the Child Protection Register
- Support key transitions e.g. into adulthood

Additional

Developing a skilled workforce in order that they:

- Recognise and respond to in a partnership, children and young people who need additional support

Universal

Developing a skilled workforce in order that they:

- Provide high quality learning, teaching and assessment for all children and young people
- Deliver high quality relationship based practices
- Work effectively with children, families and communities
- Recognise and respond to the individual needs of all children and young people through the application of GIRFEC principles

Values and Principles

Nurturing and Resilient children, families and communities

Rights | Respect | Inclusion | Families | Community engagement | Partnership

Appendices

Figure 8: Education and Families - Health and Wellbeing Framework Workforce Training and Professional Development, North Lanarkshire Council

Following self-evaluation a range of staff development opportunities can be accessed, for example:

Intensive

- Promoting Positive Behaviour (P.P.B) training including de-escalation
- Therapeutic interventions including Video Interactive Guidance (V.I.G)
- Time to Grow
- Whole System Approach – Youth Justice Intervention

Additional

- Resilience planning toolkit
- Solution oriented approaches e.g. facilitating planning meetings, supporting young people
- Suicide prevention – Lifelines resource, safety planning
- Bereavement and loss training e.g. Seasons for Growth
- Early and Effective Intervention (E.E.I)
- Training for staff on S.D.S. - recognising and responding to children and young people with long-term additional support needs
- Restorative Interventions including family group conferencing
- 'Handling Teenager Behaviours' approaches to allow staff to deliver to parents and carers
- P.P.B. training – de-escalation training for staff
- Staff wellbeing CLPL

Universal

- Nurturing approaches – input in the 6 nurture principles and associated areas: - including a suite of staff development in the area of learning and teaching e.g. core literacy and numeracy input, support for literacy coaches, numeracy champions, pedagogy team
- Learning is understood developmentally
- An environment which offers a safe base
- The development of wellbeing e.g. PSD curricular approaches
- An understanding that all behaviour is communication
- Language is a vital means of communication e.g. Communication Friendly Schools
- Transitions are important in children's lives
- Developing high quality relationship skills in staff e.g. Video Enhanced Reflective Practice (V.E.R.P), the Solihull Approach
- Elements of P.P.B—de-escalation training for staff
- Support to embed GIRFEC principles and practices
- Suicide prevention
- Support to deliver a high quality Health and Wellbeing curriculum

Figure 9: Supporting mental health and wellbeing across Children's Services, South Lanarkshire Council

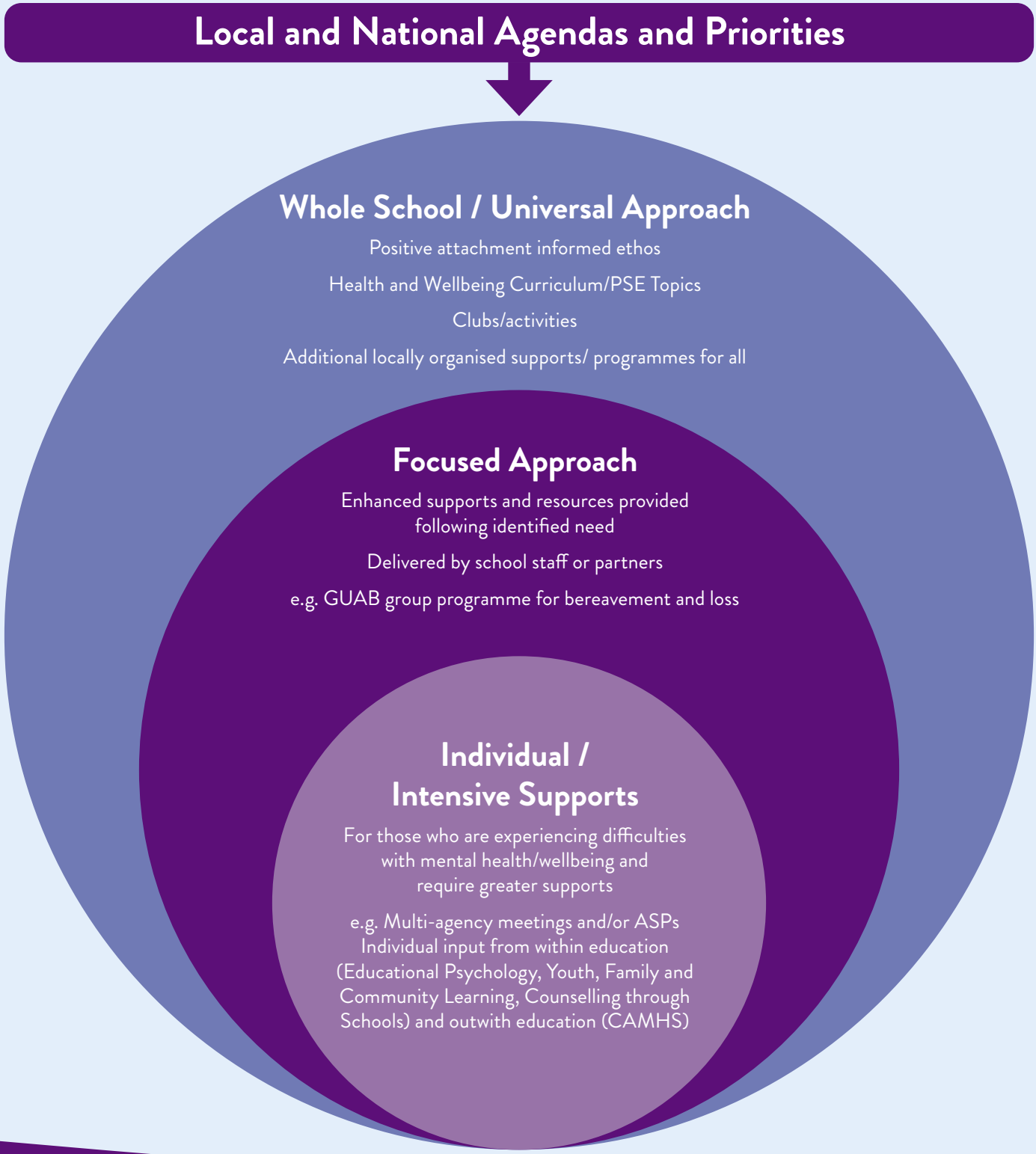
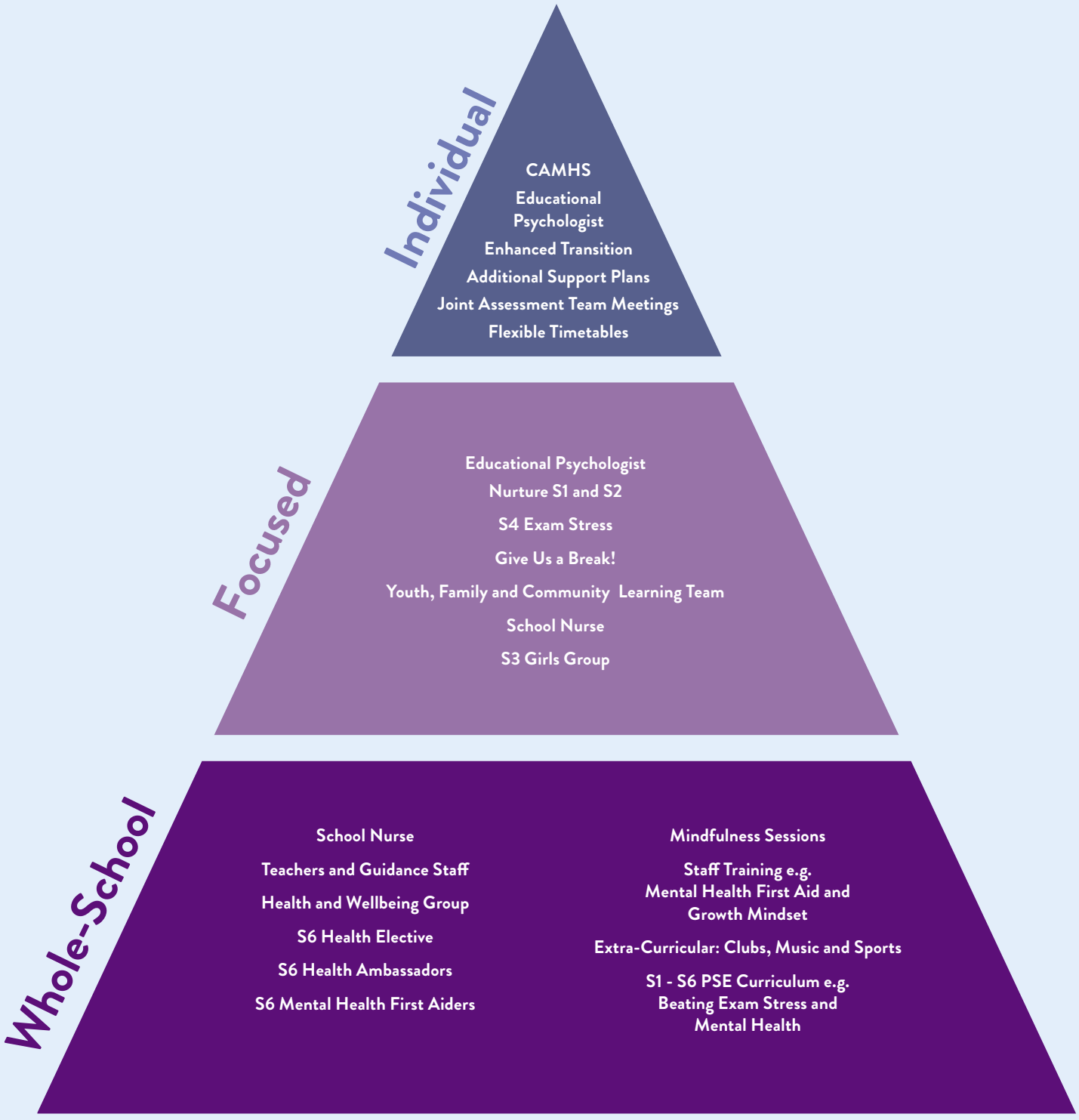


Figure 10 Partnership Model, Strathaven Academy, South Lanarkshire Council



Appendix 4

Record of Meeting Form

Concern: Self-harm and/or thoughts about suicide

Name of child/young person

Place of meeting | Date and Time

Discussion with | Designation

Child's/young person's overall appearance

Description of self-harm, including injury (if applicable) or thoughts about suicide

Function of the child's/young person's behaviour

Possible questions to ask include:

- How do you think self-harm helps you?
- Do you know why you are thinking about suicide?
- Do you know how it helps you?
- Does anyone else know how you are feeling?

Continued overleaf

In discussions, please refer to Lifelines Lanarkshire Section 4.3 on Conversation Starters, for example:

Sometimes when people are feeling the way you are, they think about suicide/self-harm. Is that what you are thinking about?

It is not uncommon to have these thoughts. With help and support many people can work through these thoughts and stay safe.

Record of Meeting Form

Function of the child's/ young person's behaviour, continued

Other points/issues from discussion

Next steps (for child/young person and Adult Supporter)

Detail what information can be shared and with whom

Support websites, apps and contacts recommended

Childline: 0800 1111

Breathing Space: 0800 83 85 87

Samaritans: 116 123

Calm Harm app

Stay Alive app

Self-help Anxiety Management app

Appendix 5

Level of Concern Checklists

Low Level of Concern Checklist

Checklist of action and monitoring on self-harm and/or suicide concerns

Name of child/young person

The following provides a quick overview of the action you should take when assessing and providing support to a child or young 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, and who does not have thoughts of suicide or a suicide plan.

Please see the Lifelines Lanarkshire Assessment and Intervention Flowchart (final page in this document) for reference.

Undertaken by and date	Discussion/Action	Check-in monitoring date and initials
	Did you have a joint discussion with the child/young person to agree a plan to support them?	
	Self-harm concerns: • Have you asked the child/young person if they are self-harming? • Have you established that currently there is a low level of concern? • Is the self-harm unlikely to cause permanent harm or accidental death?	
	Suicide concerns: • Have you asked the child/young person if they have any suicidal thoughts or plans? • Have you established that currently there is a low level of concern? • Is their behaviour unlikely to cause permanent harm or accidental death?	
	• Have you discussed involving the child's/young person's parents/carers if they are under 16 years old or still at school? • Have you informed parents/carers, if appropriate? (see Section 3 for guidance)	
	Provide and secure advice on appropriate care of any injury. This should be given by a first aid trained professional or health professional.	
	Provide the child/young person with useful information regarding websites, apps and support agencies.	
	Identify who will provide support to the child/young person (i.e. the Adult Supporter):	

Undertaken by and date	Discussion/Action	Check-in monitoring date and initials
	Consider if referral is required to supporting agencies, with child's/young person's agreement. If so, which agencies:	
	Agree a safety plan with the child/young person (see Appendix 6).	
	Agree multi-agency support plan with relevant staff and child/young person (and parents/carers, as appropriate – see Section 3), if required.	
	Complete Record of Meeting Form (see Appendix 4), as required.	
	Discuss/report the level of concern to the Named Person, your line manager and the Lead Professional: Named Person: Line Manager: Lead Professional:	
	Confirm person who will continue to be responsible for monitoring the child/young person and any agreed actions:	
	Ensure all actions and findings are fully documented.	

Medium Level of Concern Checklist

Checklist of action and monitoring on self-harm and/or suicide concerns

Name of child/young person

The following provides a quick overview of the action you should take when assessing and providing support to a child or young 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 **and/or** has thoughts of suicide, but no suicide plan.

Please see the Lifelines Lanarkshire Assessment and Intervention Flowchart (final page in this document) for reference.

Undertaken by and date	Discussion/Action	Check-in monitoring date and initials
	Did you have a joint discussion with the child/young person to agree a plan to support them?	
	Self-harm concerns: • Have you asked the child/young person if they are self-harming? • Have you established that currently there is a medium level of concern? • Could the self-harm cause serious harm, have longer term health implications or result in accidental death?	
	Suicide concerns: • Has the child/young person any suicidal thoughts or plans? • Have you established that currently there is a medium level of concern? • Could the behaviour cause permanent harm or accidental death?	
	• Have you discussed involving the child's/young person's parents/carers if they are under 16 years old or still at school? • Have you informed parents/carers, if appropriate? (see Section 3 for guidance)	
	Provide and secure advice on appropriate care of any injury. This should be given by a first aid trained professional or health professional.	
	Provide the child/young person with useful information regarding websites, apps and support agencies.	
	Identify who will provide support to the child/young person (i.e. the Adult Supporter):	
	Consider if referral is required to supporting agencies, with child's/young person's agreement. If so, which agencies:	

Undertaken by and date	Discussion/Action	Check-in monitoring date and initials
	Consider if referral is required to supporting agencies, with child's/young person's agreement. If so, which agencies:	
	Agree a safety plan with the child/young person (see Appendix 6).	
	Agree multi-agency support plan with relevant staff and child/young person (and parents/carers, as appropriate – see Section 3), if required.	
	Complete Record of Meeting Form (see Appendix 4), as required.	
	Discuss/report the level of concern to the Named Person, your line manager and the Lead Professional: Named Person: Line Manager: Lead Professional:	
	Confirm person who will continue to be responsible for monitoring the child/young person and any agreed actions:	
	Ensure all actions and findings are fully documented.	

High Level of Concern Checklist

Checklist of action and monitoring on self-harm or suicide concerns

Name of child/young person

The following provides a quick overview of the action you should take when assessing and providing support to a child or young person who is at immediate risk of significant injury due to self-harm **and/or** at immediate risk of suicide (i.e. they intend to complete suicide and have a suicide plan and they may have previously attempted suicide).

Please see the Lifelines Lanarkshire Assessment and Intervention Flowchart (see last page in this document) for reference.

Undertaken by and date	Discussion/Action	Check-in monitoring date and initials
	Did you have a joint discussion with the child/young person to agree a plan to support them?	
	Seek support immediately. Do not leave the child/young person alone. Name the person that assists you to keep the child/young person safe:	
	Self-harm concerns: • Have you asked the child/young person about self-harming and are you certain of the intentionality of their self-harm actions? • Is it evident that permanent harm or accidental death could be imminent due to self-harm?	
	Suicide concerns: • Does the child/young person have thoughts about suicide, and do they intend to act on these thoughts or have plans to act on these thoughts? • Have you established that currently there is a high level of concern? • Is the behaviour likely to cause permanent harm or death?	
	Does the child/young person have a history of suicide attempts, or is there a history of suicide attempts or death by suicide by someone close to them?	
	Access immediate medical attention or treat wounds appropriately. This should be given by a first aid trained professional or health professional.	
	Inform parents or carers as appropriate (see Section 3 for guidance). If there are good reasons to not inform parents/carers, then alternative arrangements should be made as the child/young person should not be alone.	
	Provide the child/young person with useful information regarding websites, apps and support agencies.	
	Identify who will provide support to the child/young person (i.e. Adult Supporter):	

Undertaken by and date	Discussion/Action	Check-in monitoring date and initials
	Consider if referral is required to supporting agencies, with child's/young person's agreement. If so, which agencies:	
	Agree a safety plan with the child/young person (see Appendix 6).	
	Agree multi-agency support plan with relevant staff and child/young person (and parents/carers, as appropriate – see Section 3).	
	Complete Record of Meeting Form (see Appendix 4), as required.	
	Discuss/report the level of concern to the Named Person, your line manager and the Lead Professional: Named Person: Line Manager: Lead Professional:	
	Confirm person who will continue to be responsible for monitoring the child/young person and any agreed actions:	
	Ensure all actions and findings are fully documented.	

Emergency Level of Concern Checklist

Checklist of action and monitoring on self-harm or suicide concerns

Name of child/young person

The following provides a quick overview of the action you should take when assessing and providing support to a child or young person who has serious lacerations/self-injury and/or there is evidence of a serious suicide attempt.

Please see the Lifelines Lanarkshire Assessment and Intervention Flowchart (last page in this document) for reference.

Undertaken by and date	Discussion/Action	Check-in monitoring date and initials
	Is there evidence of a serious suicide attempt?	
	Is there serious laceration / self-injury?	
	Has there been ingestion / overdose of drugs?	
	Dial 999	
	Access immediate medical intervention.	
	Do not leave the child/young person alone.	
	Inform parents/carers as appropriate (see Section 3 for guidance).	
	Consider if referral is required to supporting agencies, with child's/young person's agreement (see Section 3 for information regarding capacity and information sharing). If so, which agencies:	
	Agree multi-agency support plan with relevant staff and child/young person (and parents/carers, as appropriate – see Section 3).	
	Attend multi-agency review.	
	Discuss/report the level of concern to the Named Person, your line manager and the Lead Professional: Named Person: Line Manager: Lead Professional:	
	Ensure all actions and findings are fully documented.	

Appendix 6

Safety plans

My Safety Plan

When thoughts of suicide are overwhelming, staying safe for even short periods of time takes a great deal of strength. This plan is for you to use during those crisis times.

This plan looks at staying safe for now so that you still have the chance to get through the moment and access long-term support. The thoughts and feelings can change: it doesn't mean you will feel like this forever.

This plan will concentrate on what you can do right now to give your thoughts and feelings the opportunity to change.

Why do I want to stay safe?

What are the reasons I don't want to die today? Are there people or pets that make me want to stay alive?
Do I have hope that things might change?

Making my environment safer:

Whilst focussing on safety, how can I make it harder to act on any plans I might have for suicide?

What might make it harder for me to stay safe right now and what can I do about this?

Do I use drugs, alcohol or medication to cope? These can make it harder to stay safe if they make me more impulsive or make my mood lower. What can I do to make myself safe?

If I have acted on thoughts of suicide before, what made it harder to stay safe that I might need to consider while staying safe today?

Do I have mental health concerns or symptoms that make it harder to stay safe? How can I help with these?

A

What can I do right now that will keep me safe?

What coping strategies can I use? What has worked in the past? Is there anywhere I can go that will feel safe?

What strengths do I have that I can use to keep myself safe?

What strengths do I have as a person and how might this keep me safe? What do people who care about me say? Am I creative? Determined? Caring? Do I have faith or positive statements I use for inspiration? How can I use my plan to stay safe right now?

Who can I reach out to for help?

If you don't feel you can keep yourself safe right now:

Go to Accident and Emergency or call 999 if you are unable to go to A and E

If you need support right now but don't want to go to A and E, here are some other options you could try:

- **Samaritans on 116 123**
- **Breathing Space 0800 83 85 87**
- **Childline 0800 1111**
- **Call NHS 24 on 111**
- **Contact your GP for an emergency appointment**

Long term support plan

After staying safe for now, what longer-term support do I want? How might I access this? Where might I start to get help with this?

- **Talk to my GP**
- **Talk to my Pupil Support Teacher**
- **Talk to my family and friends**

Self-Harm Safety Plan

This plan is for you to use when you are feeling overwhelmed by negative or upsetting thoughts or feelings. You can use this if you are having thoughts about harming yourself.

My triggers or warning signs:

What things have helped me cope or kept me safe in the past?

What strategies can I use right now?

Who can help me and how? (This could be a member of your family, a teacher or a friend)

My safety contacts:

Childline
0800 1111

Breathing Space
0800 83 85 87

Samaritans
116 123

Appendix 7

Contacts and resources

Breathing Space

www.breathingspace.scot

0800 83 85 87
Free, confidential helpline for over 16s to discuss mental health (6pm – 2am Monday – Thursday, weekends 6pm Friday – 6am Monday)

Childline

www.childline.org.uk

0800 1111
Free 24-hour confidential support and advice for a range of issues, including self-harm and suicide for children 18 and under

Children 1st ParentLine

www.children1st.org.uk

08000 28 22 33
Free advice and support for anyone caring for a child in Scotland (9am - 9pm Monday - Friday, 9am - 12 noon weekends)

Elament

www.elament.org.uk

See LAMH for telephone number
Mental health resources in Lanarkshire

HopeLine UK

0800 068 4141
Confidential suicide prevention help and advice for people under 35, run by PAPYRUS (9am - midnight every day of the year)

In Care Survivors Service Scotland

www.incaresurvivors.org.uk

0800 121 6027
Trauma specialist counselling and advocacy support service for adults who suffered childhood abuse in care

LAMH – Lanarkshire Association for Mental Health Info line

www.lamh.org.uk

infoline@lamh.org.uk

0330 3000 133
Central point of contact for mental health and well-being information within the Lanarkshire area

NHS24

www.nhs24.scot

111
Urgent out of hours health advice

PAPYRUS

www.papyrus-uk.org

HopeLine UK: 0800 068 4141
National charity dedicated to the prevention of young suicide (under 35s). (9am - midnight, every day of the year)

Petal

www.petalsupport.com

01698 324502
Support, advice and information for people experiencing trauma and loss

Police Scotland

999

Samaritans

www.samaritans.org

116 123
Free confidential helpline for over 16s to discuss mental health (6pm – 2am Monday to Thursday, weekends 6pm Friday – 6am Monday)

SAMH – Scottish Association for Mental Health

www.samh.org.uk

0800 917 3466 (information service from Monday to Friday between 2pm and 4pm)

Scottish Recovery Network

www.scottishrecovery.net

To support mental health recovery for those in Scotland

Suicide Prevention Lanarkshire App

Suicide prevention support and information (Download from App store)

Survivors of Bereavement by Suicide

www.uk-sobs.org.uk

0300 111 5065 (9am-9pm)
Support for those over 18 who have been bereaved by suicide

Appendix 8

Self-harm coping and distraction strategies

General advice

It is important to understand that coping strategies and distraction techniques come under the general umbrella of harm minimisation strategies. The research around self-harm points to this approach as the most likely to offer appropriate support to those using self-harm as a coping strategy. It can lead to individuals finding safer methods of self-harming and, ultimately, to finding alternative ways of coping.

"Harm minimisation should be seen as a recovery approach, empowering individuals to define their own recovery and set their own goals. It promotes safety and positive risk taking by openly discussing these issues and offering advice and support where required. It links to the 10 Essential Shared Capabilities for Mental Health" (NHS Education for Scotland, 2011).

Discussion around the use of coping and distraction techniques should always happen in the context of an understanding of the function of self-harm for that individual. The table opposite lists some coping strategies that others have found helpful. There are, of course, many other possibilities.

How I think self-harm helps me	Possible alternative strategies
Emotional release (feelings of anger or frustration)	• Shout or scream out loud if there's no one around, or into a pillow to muffle the sound. • Punch a punchbag or pillow. • Throw ice cubes at an outside wall and watch them smash. • Tear something into lots of tiny pieces. • Buy a roll of bubble wrap and pop it or stamp on it. • Ball up a newspaper or magazine, sheet by sheet. • Go for a run. • Dance.
To regain feelings (feeling numb or disconnected)	• Eat something with a strong taste. • Smell something with a strong odour. • Hold something cold or warm and focus on the sensation on your skin. • Play with putty, blue tack or modelling clay. • Take a cold shower. • Give yourself a hand and foot massage. • Spend time with your pet. Stroke them or groom them.

How I think self-harm helps me	Possible alternative strategies
To feel in control	• Write lists to organise your day. • Tidy up your room. • Have a clear-out, maybe take your old clothes to the charity shop. • Write down everything you are feeling on a bit of paper and burn it. • Weed the garden. • Clench then relax all your muscles.
Demonstration of feelings when it's hard to talk	• Write down how you are feeling. • Arrange the emotions into lyrics or poetry or write a story about yourself in the 3rd person. • Find song lyrics which express how you are feeling. • Put a blindfold on and draw whatever comes into your mind. • Make yourself a mood chart or a mood diary to keep track of how you are feeling. • Write down negative feelings and thoughts and challenge them. What makes them seem true? Why might they be false? If one of your friends or family members had these thoughts, what advice would you give them?

These suggestions are ways of distracting from the urge or need to self-harm. They are very individual and what works for one situation or trigger, may not work for others.

The 5-minute rule

This is a way of beginning to change the cycle of self-harm, to build in a delay between the urge or need to self-harm and the act. The individual is encouraged to say to themselves "I will wait 5 minutes and see how I feel then". During this time, they can employ the coping strategies they have identified and then perhaps extend the time by another 5 minutes, and so on. The aim is to help the person see that they can have some control over their self-harming behaviour and, over time, reduce the frequency of it.

Distraction boxes

These are boxes where things that are effective in delaying or distracting the individual are collected together. They can include anything which is personal and helpful, but they often include photographs, poems and lyrics, affirmations, squeezy balls, music, etc. The boxes can also contain some of the strategies discussed here and can be used in conjunction with the 5 minute rule.

Safety boxes

This is a box which contains basic first aid items such as antiseptic wipes, creams, plasters and bandages. Conversations about safety and self-care should always be part of discussions about coping strategies and harm minimisation.

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All weblinks correct at time of assessment on 20 April 2021.

Glossary

Active listening
A technique that is used in counselling, training, and solving disputes or conflicts. It requires that the listener fully concentrate, understand, respond and then remember what is being said.

Adult Supporter
The adult who is working directly to support the child/ young person, and who can continue to offer supportive conversations.

CAMHS
NHS Child and Adolescent Mental Health Services.

Capacity
The ability, capability, or fitness to do something; a legal right, power, or competency to perform some act. An ability to comprehend both the nature and consequences of one's actions.

Care experienced
Refers to anyone who has been or is currently in care. This care may have been provided in many different settings, such as living with a relative other than parents and looked after at home – with the help of social work.

CAYP
CAMHS for Accommodated Young People (NHS Lanarkshire).

Clinical psychologist
Works with a wide range of clients, in a variety of health and social care settings, to reduce psychological distress and to enhance and promote psychological wellbeing.

Curriculum for Excellence (CfE)
The Scottish national curriculum used from nursery to secondary school. CfE sets out four capacities aimed at helping children and young people to become: successful learners; confident individuals; responsible citizens; and effective contributors.

ECHR
European Convention on Human Rights.

Educational psychologist
Works in partnership with schools, families and other professionals to help children and young people achieve their full potential. They use their training in psychology and knowledge of child development to assess additional needs and provide advice and training on how schools might help children to learn and develop.

GDPR
The General Data Protection Regulation (2018) is a regulation in EU law on data protection and privacy in the European Union and the European Economic Area. It also addresses the transfer of personal data outside the EU and EEA areas. The UK complies with GDPR.

GIRFEC
Getting it right for every child is the Scottish Government's approach to supporting children and young people. It is intended as a framework to allow organisations who work on behalf of the country's children and their families to provide a consistent, supportive approach for all.

Invitations
Signs or indicators that a person may give that they are thinking about suicide.

Lead Professional
When two or more agencies are working together to support a child/young person, a Lead Professional may become involved in monitoring progress and implementing a Child's Plan. This may also be the Named Person, but could be someone from another agency, such as social work or health.

LGBTI
An acronym for lesbian, gay, bisexual, transgender and intersex.

Mental distress
A term used to describe thoughts, feelings and behaviours which are experienced as being troubling, confusing or out of the ordinary by an individual or those close to them.

Mental health

The state of someone who is "functioning at a satisfactory level of emotional and behavioural adjustment". Mental health can be experienced as either positive or negative.

Mental illness

Also called mental health disorders, refers to a wide range of mental health conditions; disorders that affect mood, thinking and behaviour. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviours.

Mental wellbeing

Involves an individual's thoughts and feelings and how they cope with the ups and downs of everyday life. It's not the same thing as mental health, although the two can influence each other.

Named Person

A professional who acts as a point of contact for other professionals, parents/carers and children/young people with regard to wellbeing (usually head teachers in primary schools and pupil support teachers in secondary schools).

Postvention

An intervention conducted after a suicide or attempted suicide, largely taking the form of support for the bereaved. It is also used to refer to support for those who have been working closely with an individual who has either attempted suicide or died through suicide.

Protective factors

Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.

Risk factors

In terms of suicide prevention, these are characteristics of a person and/or their environment that are known to increase the likelihood that they will attempt suicide or die through suicide. These include previous suicide attempt(s), misuse and abuse of alcohol or other drugs, family history of suicide, relationship difficulties, unemployment, bullying and worries about the future.

Self-harm

Refers to any intentional action of self-injury that a person carries out (e.g. cutting, poisoning, burning), usually as a way of dealing with difficult feelings, memories or experiences.

School nurse

Provides health care through assessment, intervention, and follow-up for all school aged children within the school setting. The school nurse addresses the physical, mental, emotional, and social health needs of school aged children.

Suicide

Death resulting from an intentional, self-inflicted act.

Public health nurse

Focuses on the prevention of illness, injury or disability, the promotion of health, and maintenance of the health of populations. This can include entire population groups, families or individuals and can focus on a specialised subject e.g. health promotion or sexual health.

Lifelines Lanarkshire Assessment and Intervention Flowchart

Multi-agency guidance for working with children and young people who may be at risk of self-harm and suicide

This flowchart should be used in conjunction with the supporting Lifelines Lanarkshire guidance. In the case of child protection, please also use your agency's guidance.

Concerns raised: - Through discussion with child/young person, observations of behaviour or reports from others (e.g. peers)

Stage 1: Assessment of the nature and level of concern

Adult supporter will explore the nature and level of concern (i.e. suicide or self-harm), and provide first aid, if required.
Speak to child/young person in a private, quiet place (refer to Section 4.2 of Lifelines Lanarkshire guidance)

- ☐ Check if the child/young person is known to social work or other services
- ☐ Check if the child/young person is care experienced
- ☐ Adult Supporter to liaise with key colleagues to assess and agree level of concern, including:
  - ☐ Adult Supporter's line manager
  - ☐ Named Person
  - ☐ Child Protection Coordinator (if appropriate)
  - ☐ Lead professional (if appropriate)
  - ☐ Colleagues from other agencies (if appropriate)
- ☐ Adult Supporter to ensure child's/young person's peers are supported, as appropriate

Be alert to change in level of concern

Low level of concern

- Any act of self-harm
- Self-harm unlikely to cause serious harm or death
- No thoughts of suicide
- No suicide plan

See Low Level of Concern Checklist (Appendix 5)

Medium level of concern

- Any act of self-harm
- Self-harm that could cause accidental death
- Thoughts of suicide
- No suicide plan
- History of substance misuse and/or additional risk factors (see Section 2.4)

See Medium Level of Concern Checklist (Appendix 5)

High level of concern

- Any act of self-harm
- Immediate risk of accidental death
- Intention to act on thoughts of suicide
- Clear suicide plan
- Previous suicide attempt
- History of substance misuse and/or additional risk factors (see Section 2.4)

See High Level of Concern Checklist (Appendix 5)

Emergency level of concern

- Evidence of serious suicide attempt
- Serious laceration/self-injury or ingestion/overdose of drugs

See Emergency Level of Concern Checklist (Appendix 5)

Stage 2: Action

Action Low level of concern

- Provide physical first-aid, if required
- Provide advice on appropriate care of any injury
- Direct to online self-help, apps, and/or support organisations
- Discuss/agree a safety plan with child/young person
- Decide on informing parents/carers (see Section 3 for guidance)

Action Medium level of concern

- Provide physical first-aid, if required
- Provide advice on appropriate care of any injury
- Link with most appropriate agency for further assessment (e.g. CAMHS)
- Discuss/agree a safety plan with child/young person
- Decide on informing parents/carers (see Section 3)
- Direct to online self-help, apps, and/or support organisations
- Provide emergency contact numbers

Action High level of concern

- Access emergency medical attention, if required
- Do not send home alone
- Ensure child/young person is not left alone
- Involve appropriate external agencies (e.g. GP, CAMHS, A and E)
- Discuss/agree a safety plan with child/young person
- Decide on informing parents/carers (see Section 3)
- Provide emergency contact numbers and information on supports available

Action Emergency level of concern

- Dial 999
- Access immediate medical attention, if required
- Do not leave alone
- Inform parents/carers (see Section 3)
- Liaise with appropriate agencies (e.g. CAMHS, GP)

Stage 3: Monitoring and reporting

- Discuss/agree a safety plan (if not already completed)
- Complete appropriate paperwork/records used by your establishment
- Complete Level of Concern Checklist (if not already completed)
- Agree agency/individual responsible for monitoring actions
- Referral to supporting agencies where appropriate
- Continue to monitor the child/young person and remain vigilant
- Update Lead Professional (as appropriate)

Reporting

- Referral to supporting agency, where appropriate
- Record all actions fully according to establishment procedures
- Inform Lead Professional (as appropriate)

Stage 4: Follow up

- Maintain contact with child/young person
- Maintain contact with parents/carers, as appropriate (see Section 3)
- Liaise with other agencies involved
- If there are changes in level of concern, work through this flowchart again
- Child/young person and Adult Supporter follow up commitment to safety plan
- Arrange/attend multi-agency reviews, as required
- Be alert to change in level of concern

Remember

- Asking about suicide and self-harm does not make it more likely to happen
- Listen and take concerns seriously and don't make assumptions
- Try to stay calm, be reassuring and show acceptance
- Self-harm is usually not a suicide attempt, but must be taken seriously
- Be alert to the wellbeing of others around you and the importance of offering support
- Remember to think about your own self-care and wellbeing, and to seek out support for yourself

If you need this information in another language or format, please contact us to discuss how we can best meet your needs.

Phone: 0303 123 1015

Email: equalities@southlanarkshire.gov.uk

www.southlanarkshire.gov.uk

Lifelines Lanarkshire partnership

SOUTH LANARKSHIRE COUNCIL

NHS Lanarkshire

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SAMARITANS

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