Self-Harm Network Scotland Impact Report
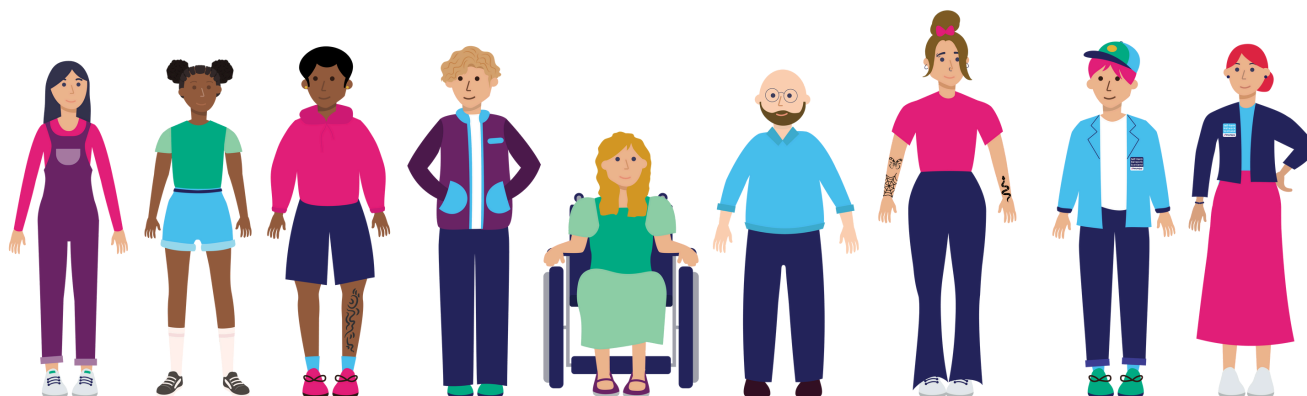
April 2024 - March 2025

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Foreword

This report presents the impact of Self-Harm Network Scotland from April 2024 to March 2025. It reflects a year of significant change, development, and learning across the service, as we've continued to centre lived experience in all that we do.

One of the most meaningful shifts this year was our transition from locality-based services to a national, remote-first model — a change designed to make support more accessible, consistent, and inclusive for people across Scotland. Alongside this, we've developed a Train the Trainer programme and reimagined how we build knowledge, skills, and compassion in the wider workforce to respond to self-harm compassionately.

At the core of everything we do is the belief that recovery is possible — and that it should be defined by the person. We know that compassionate, person-centred support doesn't just make a difference — it saves lives. This report captures the ways we've worked this year to uphold that belief, through one-to-one Support, Training, Capacity Building and Awareness Raising.

Throughout this report, you will see examples of peer support in action. Peer support is when people with similar lived experiences connect with and support each other, and that's what our Peer Practitioners do every single day. Our investment in lived experience and peer support has created an environment grounded in authenticity and has had a profound impact on the work we've done.

This year hasn't just been about service delivery or data — it's been about showing up. It's been about creating safer spaces, holding complexity without judgment, and responding to people's pain with care and consistency.

The pages that follow are shaped by that commitment. Below, you'll hear from people who have lived this work — those who have received support, offered peer insight, or helped shape the network from within.

Their voices remind us why we do what we do — and who we do it for.

Thank you to everyone who has contributed to the work and impact reflected in this report — especially our Peer Practitioners, supported people, and the wider SHNS team. It's a privilege to continue learning and building this network together.

Introduction

Self-Harm Network Scotland (SHNS) is part of Penumbra Mental Health, a pioneering charity providing dedicated services for people with mild to serious and enduring mental ill health. At Penumbra we support people on their journey to better mental health, by working with each person to find their own way forward and provide person-centred support that is aligned to their needs. The power of people's lived experience enables us to develop and deliver pioneering services which transform lives.

Penumbra began to develop specific services for people who self-harm over 25 years ago. In November 2023, the Scottish Government and COSLA published their self-harm strategy and action plan for Scotland. As part of the strategy, Penumbra committed to delivering a test programme that informed the strategy development process. The service was developed by drawing on our existing experience of delivering self-harm services and was informed by people with lived experience. SHNS began offering support in August of 2022, and it has grown and developed since then, expanding our activities and services, and supporting hundreds of people affected by self-harm and training thousands of professionals. We are proud to be the key delivery partner for the now published Strategy and Action Plan.

This report explores the impact generated through the services and activity delivered by Self-Harm Network Scotland from April 2024 to March 2025. For brevity, we refer to the period throughout the report as '2024/2025'. Since our last Impact Report, the work of the network has evolved and developed, with several new strands of work introduced or in development. We discuss each component of the network, and its impact, in the following chapters. This report is structured as follows:

- <u>One-to-One Support, Live Chat, and calls with loved ones:</u> This chapter discusses the experiences of people accessing our one-to-one support service and the outcomes and benefits supported people gain from this. It also discusses the impact generated through our web-based Live Chat service as well as activity to provide initial information and support to Loved One's of people who self-harm.

- <u>Training, resources and tools and supporting loved ones:</u> This chapter discusses the experiences and outcomes for participants in our Self-Harm Awareness Training, as well as that of those who participate in our Loved Ones Support Groups. We also discuss the information, resources and tools that are viewed and accessed on the SHNS website.

- <u>Community Capacity Building:</u> This chapter discusses our early work in providing a tailored response and support for different communities and contexts where a bespoke approach is required to meet specific needs or working environments.

- <u>Provider Network:</u> This chapter sets out the work that has been undertaken to establish our provider network, and provides a summary of our aims for the coming year.

- <u>Contributing to the aims of the Self-Harm strategy:</u> This chapter presents the priorities and intended outcomes of the Scottish Governments self-harm strategy and action plan, and how the activity of SHNS contributes to the achievement of these.

- <u>Conclusions:</u> This chapter sets out the conclusions that have been drawn from the findings presented in this report.

Data Sources

The following sets out the data sources that have been analysed and evidence drawn from to inform the findings in this report, for each component of SHNS activity. Analysis of data was carried out by the SHNS Impact and Evaluation Lead:

One-to-One Support:

- <u>End of service feedback forms</u> – A survey that supported people are given the opportunity to complete after their support has ended. 62 supported people completed the survey during 2024/2025, representing 23% of all supported people who left the service.
- <u>Recovery Stories</u> – When supported people complete the end of service feedback survey they are invited to 'opt in' to further contact from SHNS to explore their experiences of support, and their recovery journey. Ten Recovery Stories were completed with supported people, and extracts from these are used throughout the chapter to highlight specific themes.
- <u>Exit records</u> – Records completed by Peer Practitioners at the end of a supported person's support, capturing information such as goals achieved, and number of sessions completed.
- <u>Support plans</u> – Support plans are completed early in the support and reviewed at the mid-point and end. It includes data relating to goals set, worries and challenges, and strengths and interests.
- <u>Support session records</u> – Completed by Peer Practitioners for each support session and captures data relating to frequency of self-harm, and matters discussed during the session.
- <u>Referral data</u> – Provides data relating to the number of referrals received, and the age of the supported person at referral.
- <u>Completed IROC/YROC</u> – IROC/YROC[1] is a validated tool that measures a person's wellbeing. It explores 12 different measures related to mental wellbeing, with each being rated on a scale of 1-6 by the supported person (where 1 is the lowest score and 6 is the highest). This produces a total score which relates to a person's overall mental wellbeing. IROC is used by adults, and YROC is used with young people, though both cover the same measures. Supported people are given the opportunity to complete IROC/YROC early in their support, and then again later in support, which will demonstrate any change in mental wellbeing. 34 supported people completed a baseline and follow-up IROC/YROC.

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1. <u>Mental Health Recovery | Mental Health Assessment Tools | I•ROC wellbeing</u>

- ‘The Power of Lived Experience and Peer Support’ report – SHNS produced a report setting out the value and benefit of support through the Live Chat and our one-to-one support, which is provided by Peer Practitioners who have lived experience of self-harm. Extracts from this report have been included in the relevant chapter.

Live Chat:

- End of Chat feedback survey responses – When people exit the Live Chat, they are invited to answer a very short feedback survey. 198 people who had supported conversations on the Live Chat completed the survey, which represents 33% of all supported people.
- Supported Conversation summary records – Following completion of a supported conversation, Live Chat Peer Practitioners record the issues/matters explored during the chat and any signposting.
- Sample of chats conducted – 30 randomly selected Live Chats were analysed to identify instances of strategies and tools being discussed, and knowledge being shared.

Parent/Loved Ones calls:

- Call records – Following a call with a parent or loved one, Peer Practitioners record the main discussion points and whether any signposting was provided. 46 call records were accessed.

Self-Harm Awareness Training:

- Delivery tracking spreadsheet – Spreadsheet detailing training booked and delivered, organisation and participant numbers.
- Post-training feedback survey responses – Feedback survey that all participants are invited to complete at the end of training. 1,251 participants responded to the survey, representing 59% of all participants.

Loved Ones Support Groups:

- Delivery tracking spreadsheet - Spreadsheet detailing the groups that have run, dates they have been delivered, and number of participants.
- Post-group feedback survey – All group participants are invited to complete a feedback survey at the end of the final group session. 15 participants completed the survey which represents 60% of all participants.

SHNS website/ portal:

- Delivery tracking spreadsheet - Analytics in relation to users, views and downloads.

Community Capacity building:

- Feedback/reflective discussion with Practice Development Lead.

Provider Network:

- Feedback/reflective discussion with SHNS Manager.

One-to-One support, Live chat and calls with loved ones

Overview of one-to-one support

Our one-to-one support service provides flexible, person-centred, non-judgemental recovery-focused support provided by one of our Peer Practitioners. The service is accessed via self-referral through the SHNS website, and support sessions are delivered remotely using video call, telephone call, email or text. Support is tailored to the needs and goals of the supported person which can be delivered in one-to-one sessions with one of our Peer Practitioners. On average, supported people engage in 7 to 8 support sessions lasting roughly an hour, during which they work with their Peer Practitioner who will use a variety of tools and their own lived experience to explore the supported person's needs and goals, self-harm and harm reduction techniques to aid them on their recovery journey and achieve their goals.

Overview of the Live Chat service

Launched in October 2023, our online Live Chat support is available from 6pm-10pm, 7 days a week. The service provides immediate support to people who self-harm outside of the normal operating hours of most support services. During the chat our team of Peer Practitioners and volunteers will support people to manage their current distress, discuss issues around their self-harm and explore alternative coping strategies. Practitioners also share the tools and resources available to the supported person, and explore a way forward for each person, whether that be accessing 1:1 support or signposting to other services.

Overview of Parent/Loved ones calls

Parents or loved ones of people who self-harm are able to contact SHNS for further information through a 'Contact Us' function on the SHNS website. When a query is received from a parent/loved one a call is scheduled for them with one of our Peer Practitioners. During these calls the Peer Practitioner will give the parent/loved one space to share their queries, concerns and worries, and provide a compassionate response which can include sharing information about self-harm, providing reassurance, and increasing awareness of the support and resources that are available for their loved one and themselves.

Summary of 2024/2025 activity:

The following provides a summary of the activity delivered from 1st April 2024 through to 31st March 2025 across our one-to-one support service, Live Chat and parent/loved ones calls:

One-to-one support:

- 318 referrals received, almost two-thirds (62%) were for people aged 30 or under
- 212 people entered active support
- A total of 1,805 support sessions delivered, an average of 7 to 8 per supported person
- 268 people exited the service.

Live Chat:

- 1,339 people accessed the Live Chat
- 599 support conversations took place.

Calls with parents/ loved ones:

- 46 calls with parents/loved ones took place, 39 with parents, and seven with a carer, other family member, a friend or a partner.

Having meaningful conversations and providing person-centred support

When people enter one-to-one support, the early sessions are used to develop a support plan, which explores and helps to identify a supported person's:

- **Interests and strengths** – to ensure that support is strength and asset based. It also ensures that the things they are interested in can be drawn on as part of the support and their recovery. Recognising and acknowledging strengths can also positively impact on a supported person's sense of self-worth, confidence and self-esteem.
- **Worries and barriers** – to better understand the circumstances of the supported person, as well as giving them a safe space to be actively listened to and understood.
- **Goals** – To understanding where the supported person is trying to get to and what they want to achieve.

97 introductory support plans were developed during 2024/2025, and appendix 2 provides an overview of the types of barriers, strengths and interests, and goals that are identified during development of these plans.

During initial support sessions the most discussed matters include:

- Self-harm (90%)
- Mental health (89%)
- Anxiety (61%)
- Emotional distress (61%)
- Relationship issues (58%)
- Physical health (30%)
- Personal safety (28%)
- Suicidal thoughts (27%)
- Loneliness (25%)
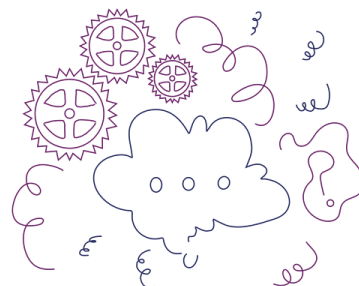
While the above are the most common matters arising during initial support sessions, there is a wider variety discussed amongst smaller proportions of supported people. Appendix 1 provides a full breakdown.

We also explore the supported person's self-harm,[2] with data showing that cutting is the common form of self-harm reported by 66% of supported people, with over a third (37%) reporting that they self-harm daily or more than once a day as shown in figure 1:

Figure 1 – Over half of supported people reported self-harming twice a week or more at the start of their support
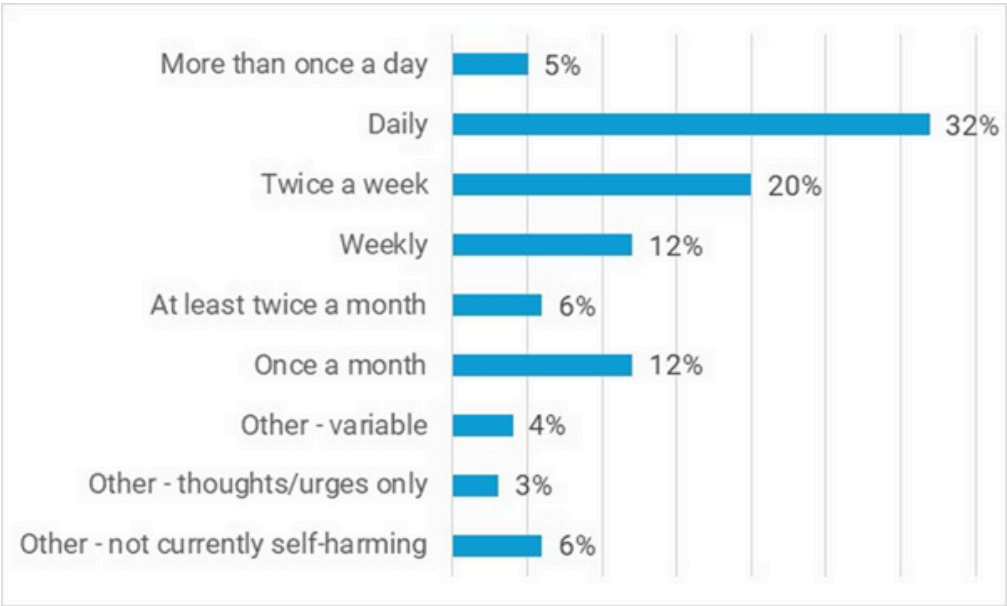
Support provided on the Live Chat is often focused on reducing the distress being experienced by the supported person, rather than exploring strengths, barriers and goals. This means that the support provided is intended to meet the supported person's immediate needs and safety, as well as signposting to alternative support which can provide time and space for these wider conversations. During Live Chat discussions in 2024/2025 the most discussed topics were:

- Self-Harm (83% of chats)
- Mental Health (52% of chats)
- Emotional distress (38% of chats)
- Suicidal thoughts (26% of chats)
- Personal safety (26% of chats)
- Anxiety (17% of chats)
- Relationships (15% of chats)

During calls with loved ones of people who are self-harming Practitioners take time to understand the reason for their contact and respond to the needs identified. Records from the parent calls undertaken show that most commonly Practitioners are providing loved ones with:

2. This is optional for supported people to disclose, and not all supported people will disclose this information early in their support.

- A safe space to talk about their worries and concerns
- Knowledge and understanding of self-harm
- Advice, information and guidance about supporting their loved ones
- Reassurance about what they are already doing to support their loved one
- Advice, information and guidance about how to look after themselves when they are supporting a loved one with self-harm
- Signposting to resources and services that can provide further support, including the support provided by SHNS.

Reviewing progress, exploring information, options and next steps

A core aspect of our one-to-one support is helping supported people to recognise the progress they are making. Two main ways in which we do this is by creating a support plan at the start of support and reviewing it at the mid-point and end of support, and the second way is by using our IROC/YROC measurement tool.[3]

During 2024/2025:
- 97 introductory support plans were developed
- 44 mid-point support reviews were carried out
- 47 end of support reviews were conducted
- 34 supported people completed a baseline and follow-up IROC/YROC

During one-to-one support, we explore different information and options tailored to the supported person's needs and goals, which informs the next steps in a person's support. During 2024/2025, records from 60 randomly sampled support sessions were analysed and found that in 59 out of the 60 records there was evidence that the Practitioner and supported person explored different information and options and discussed next steps. Appendix 3 provides examples of the different information and options recorded during support sessions.

> "I liked that in each session we spoke about and agreed the plan for the next week and the next session."

Support conversations on our Live Chat also explore different support options for the supported person and discuss potential next steps. A core component of this is signposting supported people to services and support that meet their needs. Over the duration of 2024/2025, 60% of all support conversations included signposting to other support and services. Figure 2 provides a breakdown of the signposting that was provided:

3. Mental Health Recovery | Mental Health Assessment Tools | I•ROC wellbeing

Figure 2 – 60% of supported conversations on the Live Chat involve signposting
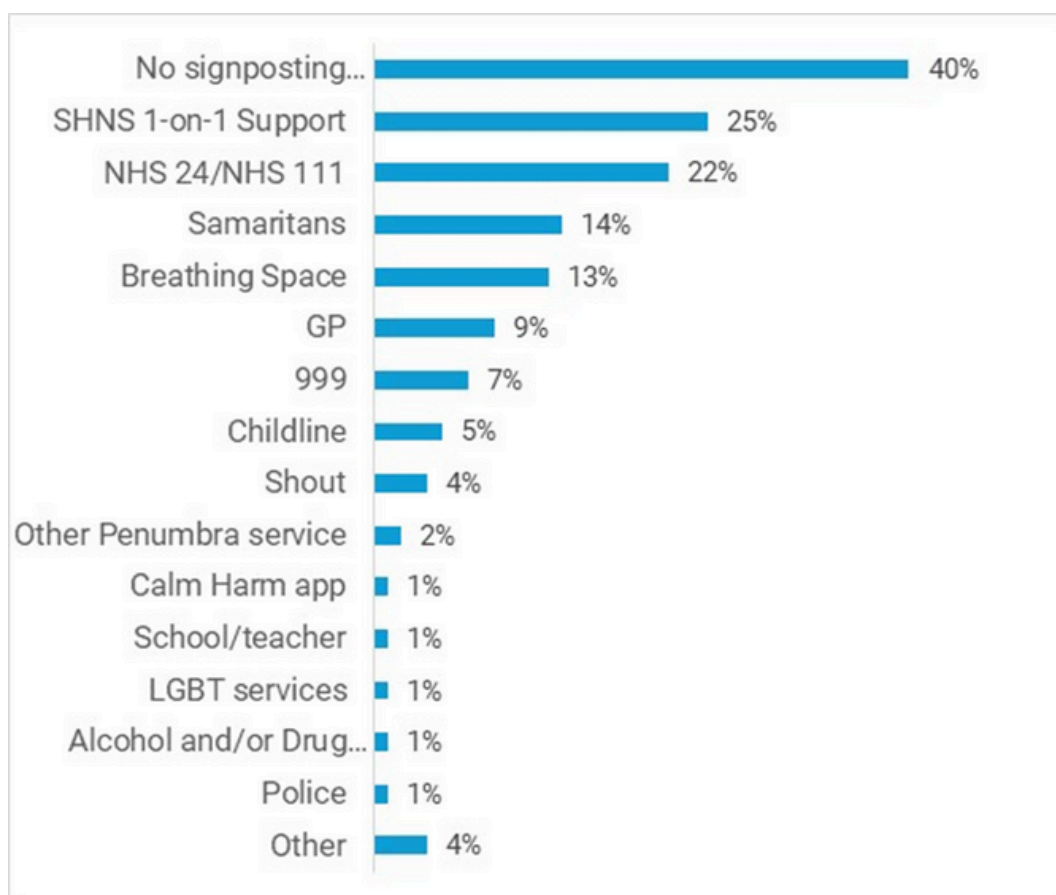
Signposting is a core aspect of exploring options with loved ones of people who self-harm, for both them and their loved one. Signposting was provided in 93% of parent/loved ones calls, including signposting to:

- Breathing Space
- Samaritans
- SHNS Live Chat
- SHNS one-to-one support
- SHNS Loved Ones Support Groups
- SHNS website resources
- Calm Harm app
- Shout

Shape and contribution to the service

Lived experience has been at the heart of the development of the support, services and resources that are provided through SHNS. We continually strive to improve and develop SHNS and the support we provide, and place significant value on the feedback we receive from people who access our support. We ensure that anyone who has accessed our services are given the opportunity to provide feedback. During 2024/2025:

- 62 people who accessed our one-to-one support completed an end of service feedback survey (23% of all leavers)
- 198 people who had a support conversation on the Live Chat responded to our end of chat feedback survey (33% of all people who had a support conversation).

Furthermore, those who complete the end of service feedback survey after finishing one-to-one support can opt in to discussing their experience of the service and their feedback in more detail. These discussions are used to inform the development of 'Recovery Stories' which tell the story of the supported person's journey through support and the impact that support has had. During 2024/2025, 10 supported people participated in follow up discussions and featured in a recovery story.

Feeling safe and trusting the service, feeling respected and trusted, and feeling heard and cared about

We want everyone who accesses our support to feel safe, to trust the service, and for the supported person to feel respected, trusted and that they are heard and cared about. Feedback from those who have exited one-to-one support demonstrates that:

- 100% of respondents reported that they were treated with kindness and dignity all of the time
- 96% of respondents reported that they felt in control of what and how support was provided all of the time or most of the time
- 100% of respondents reported that service staff did what they said they would do all of the time or most of the time
- 97% of respondents agreed or strongly agreed that support they received was about what matters to them, and they were involved in decisions about it
- 97% of respondents agreed or strongly agreed that they felt heard and genuinely cared about
- 100% of respondents agreed or strongly agreed that the service was trustworthy and reliable.

> "Things have really changed for me, and I think it is because in this support I really felt someone cared about me and my self-harm journey and that made this different from previous support I have had."

> "I felt recognised and understood, and that Isabella genuinely cared about my best interests, which really mattered to me."

Our insights in relation to this for people who have been supported on the Live Chat are far more limited, with the only questions asked focused on the helpfulness of the Chat, and a space for open ended comments. Of those that completed the end of Chat feedback, 86% rated it very helpful or somewhat helpful.

The end of Chat feedback also asks whether the respondent has accessed the Live Chat before. 55% reported that they had, which would imply that they trust the service and find value in the support they have received. The open-ended responses left by users of the Live Chat also suggest a positive experience with respondents describing feeling listened to, supported and cared about by Practitioners who are kind, patient, non-judgemental and understanding.

Using the Live Chat and accessing one-to-one support: B's recovery story

> I first started using the SHNS online Live Chat - I knew I needed help, but I was still scared to ask. Using the online chat and speaking to someone helped me every time that I felt I was about to relapse. I finally realised I needed help, and I completely wanted to stop self-harming.
>
> I started my support session with the loveliest lady ever. She made me feel welcomed, supported and not judged. Whenever I've opened up to someone in the past, they have used it against me, which meant that I was very wary to opening up again.
>
> But when I did, I felt beyond amazing.
>
> The support from Penumbra has been amazing, my self-confidence has gone up so much (which is something I've really struggled with), I haven't relapsed in 100 days – that's over 3 months! My attitude towards things has changed. I'm actually looking after myself which I'm not used to doing.

Gaining practical and emotional support, and understanding my circumstances better

A core part of the support provided to people is centred on them gaining a better understanding of their own circumstances. While one of the most common goals set, and achieved, by people when they enter the service is related to developing a better understanding of their self-harm, gaining a better understanding of their circumstances more widely is also an aspect of the support. The development of a support plan is one aspect of support where a supported person's strengths, assets, interests, challenges and worries are explored. Furthermore, all supported people are offered the opportunity to complete IROC/YROC, which enables a supported person to really explore and think about different aspects of their lives linked to 12 areas of wellbeing that underpin the IROC/YROC tool. During 2024/2025, **89** supported people completed a baseline IROC/YROC.

> "[Practitioner] has helped me understand my self-harm and helped me find a path where it doesn't impact my life as it did. Having the safe space she provided, and the true understanding of what impact self-harm has, has been a huge thing for me."

> "I feel that self-harm is now not as much of an issue for me. I now know why I was doing it; I understand more about my cycle of self-harm and the trigger for this and now feel much less likely to self-harm. The increased understanding has helped me to cope and to prevent self-harm."

Understanding more about my self-harm: Claire's recovery story

> Now, I understand so much more about self-harm and ways to distract myself. Susan also helped me to understand why I was self-harming and showed me alternative coping strategies. My favourite is reading the affirmations I made. The support has made me feel relieved that I had someone who I could talk to that understands me.
>
> I have reduced my self-harm more than I ever thought possible. I don't even remember the last time I self-harmed. I feel like I am more confident and less embarrassed when talking to others, so it has really improved my confidence.

Our one-to-one Peer Practitioner support aims to provide person-centred support that blends a range of emotional and practical support that is aligned to the supported person's needs and wants. As has been detailed in a previous section, of those supported people who completed the end of service feedback survey, 97% agreed or strongly agreed that the support they received was about what matters to them, and they were involved in decisions about it. Respondents to the survey are also asked to rate the support they received on a scale of 1 to 10 (where 1 is 'very poor' and 10 is 'excellent'), and the average score across all respondents was **9.5**. Both these findings suggest that supported people are gaining person-centred practical and emotional support. There are also several responses in response to questions about what worked well about the support and the difference that support has made which further evidence that supported people are gaining practical and emotional support during their time with the service.

> "The practical tools and coping strategies, like the Talking Heads tool, have helped me and it is something I was missing before. I really liked that every week of support was a little different and we worked on lots of different things, but I was always given time within the session to chat about what was going on for me that week. I liked that the support was quite solution based and there was practical advice, as well as emotional support."

> "Lots of things worked well, being given 'homework' – things to try and things to think about before the next session. So that learning/reflection continues out with sessions. An opportunity at the beginning to speak about what I'd learnt from the week past and successes/things that could have gone better. Regular opportunities through a session to share my thoughts which helped me to 'process' what I was learning. This also makes it feel personal."

On our Live Chat, at the start of a support conversation, supported people are asked what has brought them to the chat, which opens the opportunity to explore the person's current circumstances and support needs, which enables a person-centred approach to providing support. It is not uncommon for supported people to enter the chat experiencing distress, and the focus of the support is to work with the person to reduce the distress they are experiencing utilising both emotional and practical support. Amongst those that completed our end of chat feedback, 86% rated the support they received as 'very helpful' or 'somewhat helpful'. Additionally, supported people are invited to leave any other comments about the support they received, and several of these provide further evidence that the Live Chat provides people with practical and emotional support.

"I felt really supported and heard."

"It's such a wonderful service knowing you can message and get a little support when you need it."

"[Practitioner] was really helpful and gave me some methods to help cope and a link to get extra 1:1 support."

Increased control of life and wellbeing, hope and having a sense of direction

Through our one-to-one support, one way in which supported people can feel they have increased control of their life, and their wellbeing is through stopping or reducing their self-harm and finding other ways to cope. Peer Practitioners will record the frequency with which a supported person self-harms during the initial support session and also during the last session.[4] During 2024/2025, the frequency of self-harm was recorded during the first and last support session of 80 supported people, with **79%** having stopped or reduced the frequency of their self-harm. Figure 3 demonstrates the change in self-harm frequency across the 80 supported people.

Figure 3 – The higher frequencies of self-harm were reported by a much lower proportion of supported people at their final support session
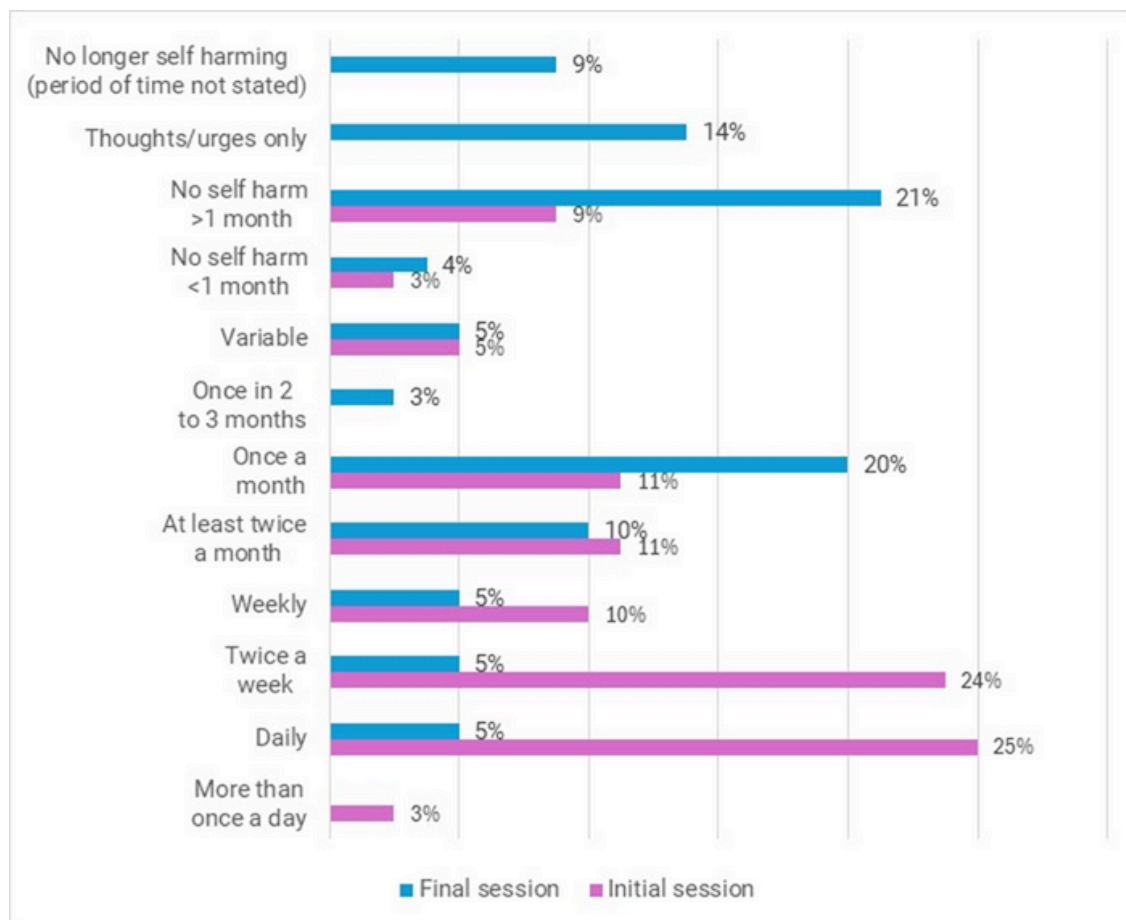
The data in the figure above clearly demonstrates a noticeable shift in the proportion of supported people disclosing higher frequencies of self-harm during their initial sessions compared to their last. Furthermore, the end of service feedback survey also asks respondents if they have stopped or reduced their self-harm and found other ways to cope with **87%** reporting that they had, and **97%** reporting that the sessions were helpful in helping them to manage their distress and self-harm urges.

"I honestly didn't think it was possible for me to stop self-harming before I came to this service."

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4. The disclosing of the frequency of self-harm is optional for supported people, and not all feel comfortable disclosing this information at the start of their support.

Three of the areas measured in IROC/YROC relate to supported people having a greater sense of control of their life, hope for the future, and a sense of direction. These are:

- **Self-management** – relates to taking control, caring for yourself, making decisions and taking responsibility.
- **Hope for the future** – relates to recovery, goals, ambition, optimism and looking forward.
- **Participation and control** – relates to having a say, having opinions, being involved and heard, and being informed.

Figure 4 demonstrates the average baseline and follow up scores for each of these measures, across the 34 supported people that completed both a baseline and follow up IROC/YROC.

Figure 4 – All measures had an increased average score at follow-up

As the figure demonstrates, there have been increases in all follow-up IROC/YROC scores against each of the measures. While the largest increases are seen amongst those that completed a baseline and follow-up IROC, those completing YROC had a higher overall follow up score across each of the measures.

> "Having someone with experience, no judgement and that didn't try to 'fix' me allowed me to be honest and feel safe talking about it. [Practitioner] was positive, but I never felt forced to be positive. This made me feel I was in a safe space. And that made a huge difference. I know I am still on a journey. Not feeling forced to become free of self-harm, or to hate it, has helped me both understand it and see it has been reduced and the impact it has had in my life. I feel hope. Scary as that is. I felt supported on this journey that I couldn't do on my own."

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Making positive changes and doing positive things: Michael's recovery story

> I received 1:1 support from Self-Harm Network Scotland. By the time our sessions were finished I had gone from self-blame and taking no health or safety precautions whatsoever to a point where I believed in my own self-worth and had shifted the blame off of myself. I learned about the way that I was speaking to myself, what I was doing to myself and that I wasn't broken and that there were a lot of ways I could channel my emotion and passion into positive things like music, songwriting, an interest in psychology and rebuilding my life again.

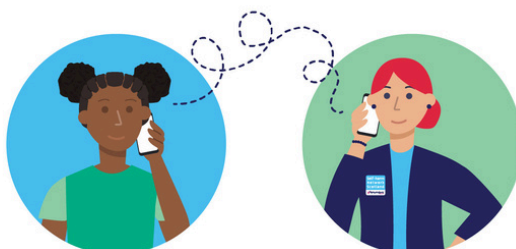## Gained knowledge, skills and tools, and using them to support wellbeing

A core aim of our one-to-one support is that supported people gain knowledge, skills and tools that they can use to support their own recovery and their own wellbeing, while engaged with support and after they have exited. While the end of service feedback survey for our one-to-one support does not directly ask about the extent to which they have gained knowledge, skills and tools that they are able to use to support their wellbeing, other areas of feedback do provide evidence of this. As has been presented in a previous section, a high proportion of supported people have reduced or stopped their self-harm and found other ways to cope, which would strongly suggest that they have gained knowledge, skills and tools that they are now utilising. Similarly, the high proportion of supported people that report that the support sessions were helpful in managing their distress and self-harm urges. This is further reinforced through several open-ended responses that describe the knowledge, skills and tools that supported people have gained during their support.

"[Practitioner name] is a wonderful Practitioner and has really supported me in reducing my self-harm and developing coping strategies."

"Seeing plans that we made, using things that have been sent through and being able to read over it again and use it when needed."

"Having options and lots of different suggestions in support, that I could then choose from and feel like everything has been my decision."

"The Talking Heads tool really helped me to get an insight of my brain, and it helped a lot."

An analysis of 50 randomly sampled support session records also evidences the different knowledge, skills and tools that are being shared and discussed, and the supported person's experience of trying and using what is being shared. 78% of records analysed included reference to one or more of the following:

- Discussing distraction and expressive strategies to manage emotions and feelings
- Sharing and discussing grounding techniques and coping strategies
- Reflecting on a supported person's use of different coping strategies and tools
- Creating and revisiting safe plans
- Sharing knowledge to help a supported person's understanding of their own self-harm
- The use of goal setting
- Discussing strategies for self-care and self-soothing
- Using tools during session (e.g. traffic light tool, developing a safe plan)

During calls with parents/loved ones, the extent to which knowledge, skills and tools are gained can be dependent on the reason they have contacted the network. However, most commonly where records of these calls do refer to the sharing of knowledge, skills and tools, these mainly relate to:

- Providing information so that a parent/loved one has a greater knowledge and understanding of self-harm,
- Providing signposting that can increase the parent/loved one's knowledge of available support
- Providing signposting to the tools and resources available on the SHNS website
- Increasing knowledge and understanding of the importance of self-care when supporting people with self-harm

While our Live Chat is there to provide immediate support to those experiencing distress, when relevant and appropriate our Practitioners will try to help to develop the supported person's knowledge and understanding of their self-harm and introduce them to tools and techniques that will help them to manage their distress and self-harm urges. An analysis of 30 randomly selected support conversations that took place during 2024/2025 found that in 87% of chats, knowledge and information had been shared, and/or tools and techniques shared, discussed and in some instances tried during the chat. Examples of this included:

- Increasing a supported person's knowledge of alternative support available and how to access it
- Discussing and reflecting on alternative coping strategies, distraction techniques and/or relaxation methods that the supported person has used, and others that are new to the supported person
- Creating a plan to keep the supported person safe for the evening
- Sharing information to help the supported person develop their own knowledge and understanding of their self-harm (e.g. exploring functions of self-harm)
- Different techniques for speaking to parents/loved one's/ friends about how the supported person is feeling

Open to new opportunities, engage with the world around me, and maintain and build good relationships

Our IROC/YROC tool is also used to help evidence that supported people have increasingly opened up to the world around them and have maintained and built good relationships. For this we explore changes in baseline and follow-up scores for the measures:

- **Personal networks** – relates to the support network of friends, family and loved ones.
- **Social networks** – relate to being part of a community, a member of clubs, taking part in activities, meeting people and having shared interests.

Figure 5 demonstrates the average baseline and follow up scores for each of these measures, across the 34 supported people that completed both a baseline and follow up IROC/YROC

Figure 5 – both measures had an increased average score at follow-up
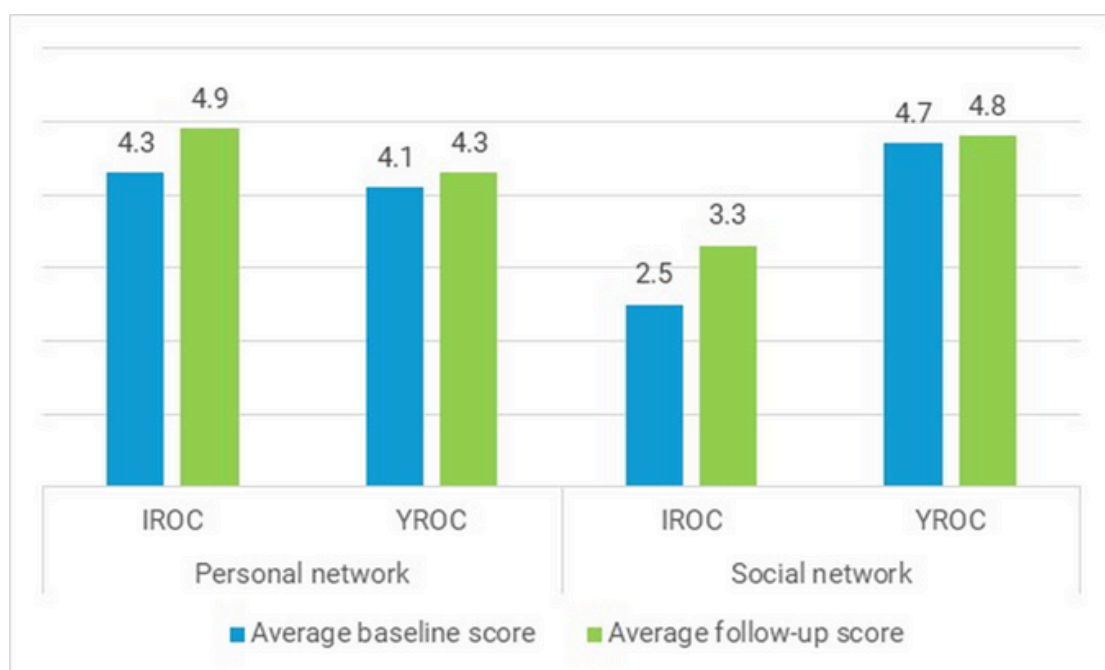
While those completing YROC had a fairly high baseline position for both measures, those completing IROC had a noticeably lower baseline position for 'personal network'. However, as the data demonstrates, increases in the average score across both measures are observed for IROC and YROC.

New opportunities and networks: Tracy's recovery story

> Practitioner] was understanding, really helpful and non-judgemental. She understood me and what I was going through. She listened and gave me different coping strategies to get out of my own head. For example, I got myself a fidget ring which has really helped. The support I received has really helped me. My wounds are now healed up. My Peer Practitioner gave me useful advice. I've recently taken up yoga and have started up a Residents organisation. Keeping myself busy is helping to keep me focused.

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Towards the end of one-to-one support sessions, the Practitioner and supported person review progress that the supported person has made towards achieving the goals they set at the start of support. Analysis of completed exit forms where details were recorded about the initial goals set and which had been achieved showed that eight supported people had set, and achieved, explicit goals related to their personal and social networks. This included goals relating to:

- Getting out of the house and socialising more
- Addressing anxiety that creates difficulties when meeting new people
- Being more confident in social situations
- Developing greater trust among those in the supported person's networks
- Achieving greater stability in personal relationships
- Accepting support from people in their personal networks

My mental wellbeing has improved, and I can manage and cope with everyday life

Our ultimate aspiration for supported people is that they take what they have learned and gained through support and make positive changes that lead to improvements in their overall mental and emotional wellbeing, and that they are better able to manage and cope with everyday life.

Again, our IROC/YROC tool can help to evidence the extent to which supported people achieve improved wellbeing and develop their ability to manage and cope with everyday life, through the following measures:

- **Mental Health** – relates to feelings, thoughts, emotions, mood, levels of optimism, and feeling mentally and emotionally happy and well
- **Self-management** - relates to taking control, caring for yourself, making decisions and taking responsibility
- **Life skills** – relates to having the skills to look after yourself such as cooking, cleaning, numeracy and literacy, coping skills, managing money and paying bills, and personal care
- **Total IROC/YROC score** – The total score provided in IROC/YROC by summing the scores for each of the 12 measures included in the tool provides an overall indication of mental and emotional wellbeing.

Figure 6 demonstrates the average baseline and follow up scores for each of the individual measures listed, while figure 7 details the average baseline and follow up total IROC/YROC scores.

Figure 6: All areas demonstrated an increased average score at follow-up
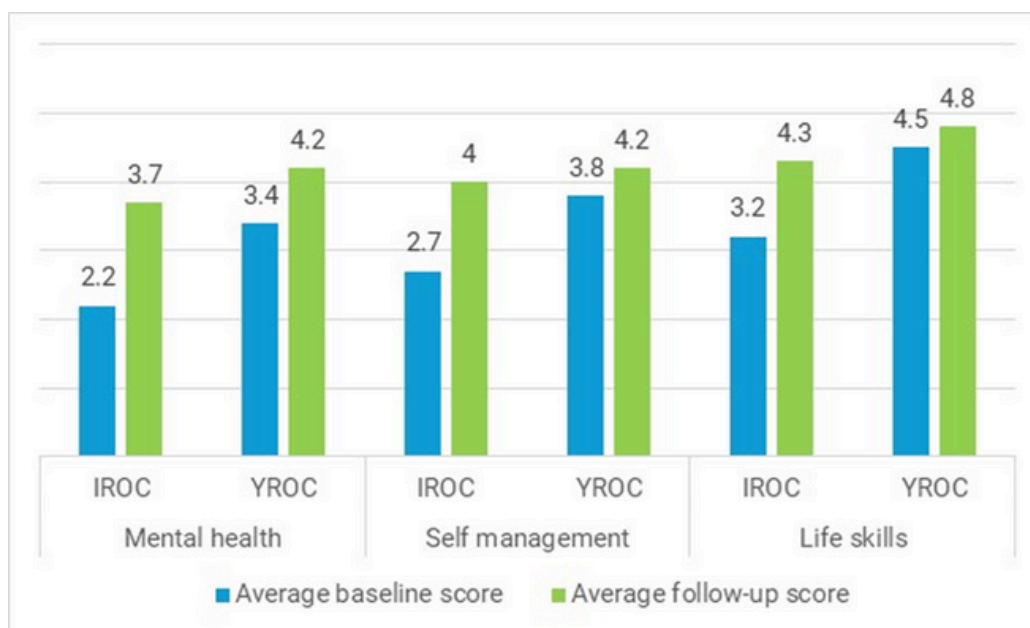
Figure 7: Total average IROC/YROC scores increased from baseline to follow-up
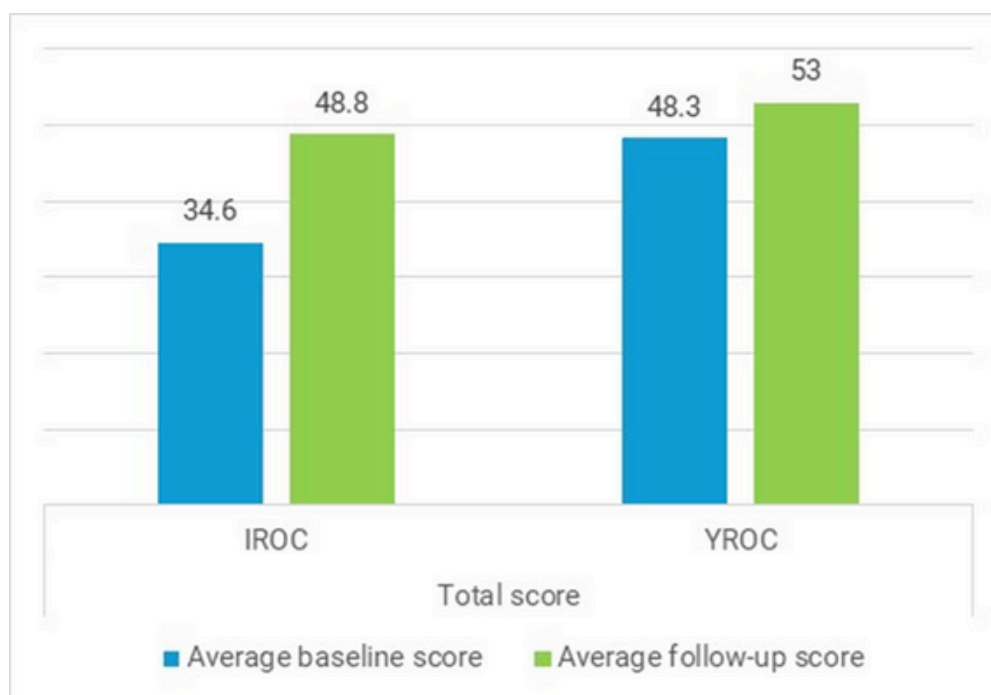
As demonstrated in figure 6, all three measures showed an increase in average score from baseline to follow-up for IROC and YROC. While the increase in average score was higher amongst supported people using IROC, the actual average scores at follow-up were broadly similar, due to the higher baseline position among those using YROC. This trend can also be seen in figure 7 in terms of the change in IROC/YROC total scores between baseline and follow-up.

Some respondents to the end of one-to-one support survey also described the positive impact the support has had on their wellbeing and how it has helped them to better manage and cope with everyday life.

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"I now know why I was doing it; I understand more about my cycle of self-harm and the trigger for this and now feel much less likely to self-harm. The increased understanding has helped me to cope and to prevent self-harm."

"I wouldn't have started doing things for myself without, you helped me realise that it is okay and important to be able to do things just for me, things that are important and supportive for my wellbeing."

"The support has helped so much, if it hadn't been for the support I would have had a lot less structure, a lot less willingness to help myself, and a lot less strength and safety."

A better life: Amy's recovery story

> [Practitioner] showed me coping mechanisms - like writing things down which made me feel happy and putting them in a jar - which really helped. [Practitioner] made me feel listened to and she also made me laugh. Getting support for my self-harm has meant that I feel better able to cope with my self-harm and that had made me feel proud.
>
> The support has changed my life for the better. I now feel like I can help people that are in a similar situation to me. It has improved my confidence, and I can talk to people about my story. I feel happier since getting support for my self-harm. I do still self-harm sometimes but not as often as I used to, and I now know about coping mechanisms and after-care which I didn't know about before.

While the short feedback survey used on the Live Chat does not explicitly ask about how the support had impacted on the person's overall mental wellbeing, that 86% reported that they had found the chat helpful is a positive indicator. Additionally, as with the one-to-one survey responses, some of the open-ended responses from the Live Chat survey also suggest that support conversations have a positive impact on the mental and emotional wellbeing of supported people.

"As always, the person supporting me was amazing and helped me through some really intense moments."

"It's great to know that I can chat, which helps diffuse my distress. I think you offer a great service - thank you."
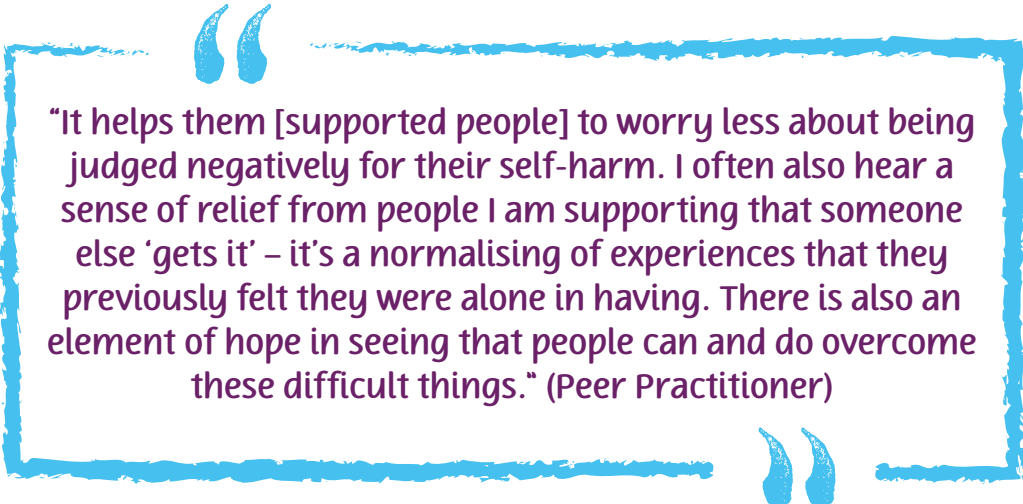
"Thank you so much [Practitioner] - I had so much going on in my head all at the same time after a series of heavy-duty stuff happening all in one go - feel a lot clearer now and not so ashamed to ask for some help."
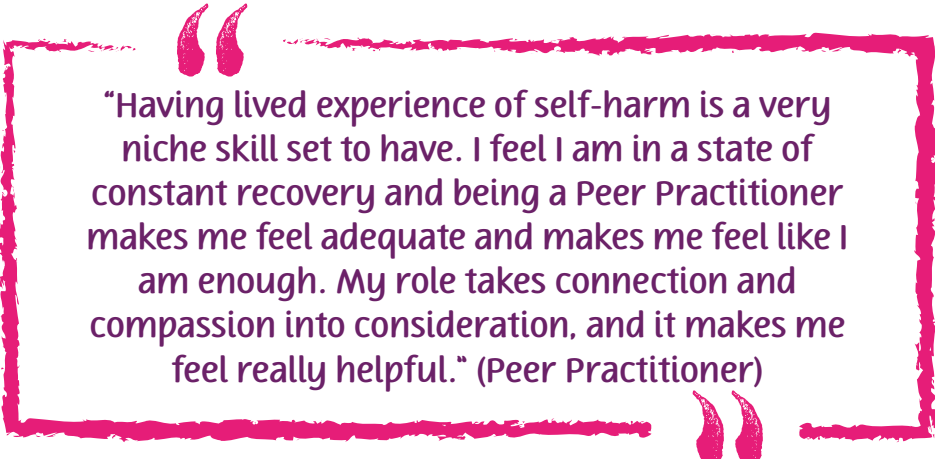
The role of peer support and lived experience

Lived and living experience has been a cornerstone of the development of Self-Harm Network Scotland and the services we provide. From the information, resources and tools on our website, training content and materials, through to the delivery of support in our one-to-one support service – all have been informed and influenced by the voice of those with lived experience. We believe it to be a core strength of the network, and a vital contributing factor in our success.

The support on both our One-to-One Support service and our Live Chat service is provided by Peer Practitioners who bring their own lived experience of self-harm. Having lived experience of self-harm means our Peer Practitioners are able to establish strong, meaningful connections with the people they are supporting. Two of our Peer Practitioners highlighted the importance of their lived experience to those they support, how their lived experience enhances the support they provide, and how it can give hope to supported people by demonstrating the positive change that can be achieved.

> "It helps them [supported people] to worry less about being judged negatively for their self-harm. I often also hear a sense of relief from people I am supporting that someone else 'gets it' – it's a normalising of experiences that they previously felt they were alone in having. There is also an element of hope in seeing that people can and do overcome these difficult things." (Peer Practitioner)

> "Having lived experience of self-harm is a very niche skill set to have. I feel I am in a state of constant recovery and being a Peer Practitioner makes me feel adequate and makes me feel like I am enough. My role takes connection and compassion into consideration, and it makes me feel really helpful." (Peer Practitioner)

The sense of feeling genuinely understood, not judged, and knowing that someone else 'gets it' has also been echoed in feedback we have received from supported people:

"I knew Self-Harm Network Scotland was going to help me when I saw that their Practitioners had been through self-harm. It meant that anything I said they could relate to and give me useful information. The information they gave me actually helped; unlike some other things I've been told by people who haven't been through self-harm. It meant that everything I was being told was truthful and they knew it would help me." (Supported person)

"I'd encourage anyone that's struggling with self-harm to reach out and be open about it. There are so many things Self-Harm Network Scotland does that can resonate with different people because they've been there themselves." (Supported person)

"Getting support from a Peer Practitioner, somebody who has lived experience of self-harm, has meant a lot. Kayleigh understood that I wasn't self-harming for attention. She didn't judge me and the listening and talking helped me a lot. She was absolutely fantastic. I can't praise her enough." (Supported person)

Two of our volunteers on the Live Chat shared insights into what it feels like to use their lived experience in their roles. They also spoke about their experiences of volunteering on the Live Chat, and how their lived experience informs the support they provide.

Demonstrating empathy and having emotional resilience were seen as important factors in providing effective support without impacting on a volunteer's own recovery. Being able to draw on lived experience of and using it for the benefit of others was reported to give purpose to what are considered negative experiences.

"I feel mostly empathy for everyone going through a hard time. I don't feel triggered by their experiences in a sense that it would impact my own mental health. During my interview I remember being asked about ways I would look after myself if I felt distressed about the chats, so I believe the volunteers have the emotional strength to deal with these topics. I do sometimes worry about some of the people I have talked to, but I don't feel like it has regressed my recovery in any way." (Live Chat volunteer)

> "Using my lived experience for me feels like I have been able to use some of my worst times to hopefully support others. It's not that those times were 'worth' it but that is what life is, lots of experiences, good and bad, and I am glad to have a purpose for the not-so-great ones."
> (Live Chat volunteer)

Volunteers reflected on their ability to connect with and understand supported people through their lived experience, and reflected that it also enables them to walk alongside the person, knowing when to listen and when to offer suggestions and advice:

> "I don't always say that I am using my own experience to the person I am supporting because it is not face to face and it is harder to gauge reactions, but sometimes I have put out there what I have found beneficial and it has been received positively most of the time, and I really find that helpful to reflect on afterwards. You are not there to change lives, but to be there to offer things that might not have been tried, or to help someone re-try things they have done before."
> (Live Chat volunteer)

Training, resources and tools, and supporting loved ones

Self-Harm Awareness Training
Our Self-Harm Awareness Training is designed to increase participants' understanding of self-harm and equip them with the confidence, knowledge and tools to provide a compassionate response to people affected by self-harm. The training can be delivered online or in person, and as a 1-hour, 3-hour, or full-day training session. While the themes covered in each of these sessions remains consistent, the depth to which each theme is covered varies depending on the length of session.

Loved Ones Support groups
Launched in May 2024, our Loved Ones support groups aim to provide a safe space for parents and loved ones of people who self-harm to gain further insight and understanding about self-harm, share experiences, and gain knowledge, resources and tools that help them to provide their loved one with compassionate support. The groups are also intended to highlight the importance of self-care for people who are supporting someone with self-harm. The groups are made up of up to eight participants and are delivered over video call across four sessions.

Training for Trainers programme

Our 'Training for Trainers' programme has been developed over the past 12-months and will launch during in the summer of 2025. The programme will provide people from organisations who work with communities affected by self-harm the opportunity to be equipped to deliver our Self-Harm Awareness Training. The aspiration is that we can develop a network of associate trainers who will then deliver Self-Harm Awareness Training to people in their own organisation and in the communities they work in to ensure a compassionate response to self-harm is embedded in organisations and in individual practice. This Train the Trainer Programme will enable SHNS to extend the reach and maximise participation in Self-harm Awareness Training.

SHNS website

The SHNS website is where people affected by self-harm can access a wide range of information, resources, and tools. It also provides functionality that allows people to contact SHNS with queries or make a self-referral into our one-to-one support service.

Overview of activity

During 2024/2025, a total of **180** Self-Harm Awareness Training sessions were delivered, made up of **47** 1-hour sessions, **96** 3-hour sessions, and **37** full-day sessions. This included **52** open sessions, and **128** sessions for **67** different organisations, ranging from local authorities, health boards, education establishments, counselling services, and a range of third sector organisations.
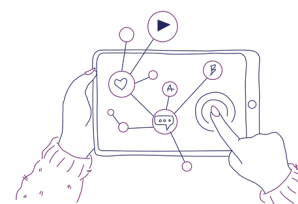
Across these sessions, **2,137** people have participated, with **653** participants in our 1-hour training session, **1,075** in our 3-hour session, and **409** participants in the full-day training.

Engaging and equipping remote areas

Following a positive experience of our Self-Harm Awareness Training, an organisation based in Orkney contacted SHNS to ask whether our trainers could spend some time there to enable other organisations to participate. The initial plan was for our trainers to spend two days in Orkney and deliver a couple of training sessions. However, local demand for the training grew, alongside requests for sessions for parents and young people.

After much planning and co-ordination, our trainers spent 4 days on Orkney delivering 4-full-day training sessions to 60 participants from 15 organisations, an information session for 5 parents, and provided a drop-in session at a youth café which was attended by 7 young people.

Over the course of the past year, we have also been developing our 'Train the Trainer' programme which is due to launch in summer 2025. The creation of the programme has involved working closely with a development group made up of staff from SHNS, local self-harm support services, Public Health Scotland and the Scottish Government. The development group have been involved in reviewing and providing feedback on the processes, content, structure and delivery of the programme, which has been vital in finalising the design and launch of the programme.

2024/2025 also saw the launch of our Loved Ones Support Groups. Over the past 12 months, six groups have been run, with 48 people signing up and **25** attending all four sessions.

Over the same period, use of the SHNS website has continued to grow with 19,037 users viewing the website **66,338** times. The top 5 viewed pages over the 12-month period were:

- 'I need support with my own self-harm' - **9,745 views**
- 'Contact Us' - **4,505 views**
- 'Training' - **3,254 views**
- 'I am worried about someone who self-harms' - **2,228 views**
- 'I am working with someone who self-harms' - **1,999 views**
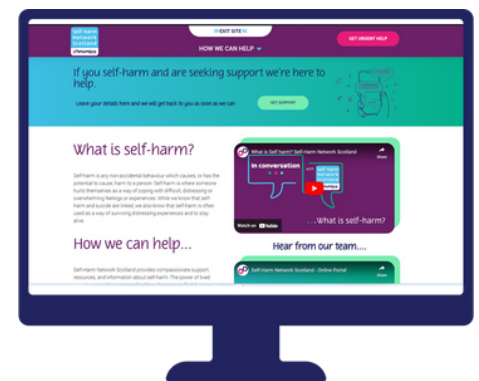
The website also provides access to a range of tools that can help people to understand more about their self-harm and provide different strategies and techniques for managing it. During 2024/2025, our tools were downloaded **521** times with the most popular being:

- **Safe Plan** – a document that contains information about how to help someone feel safe when they are distressed (143 downloads)
- **Affirmations** – a tool to write positive messages and statements that can help to maintain a positive mindset (119 downloads)
- **Self-Harm diary** – Often, people who self-harm don't always know what triggers their self-harm urges. This diary can be used to think about what was happening just before a person started to think about harming, and how they were feeling before and after. (93 downloads)
- **Things that lift me up** – a tool to write down what lifts someone and can be used to as a reminder of positive things or distract form bad thoughts (50 downloads)

Meeting the needs of different communities

SHNS strives to ensure that the information, resources, tools and services we provide are as inclusive and accessible as possible. In May 2024, we launched a British Sign Language (BSL) page on the SHNS website to ensure that people who are deaf or hearing impaired could access British Sign Language versions of all the information and resources on the website. This involved close collaborative working with Deaf Association Scotland to produce video translations of the information and resources. Since its launch the BSL page has had 441 users viewing the page 723 times.

Creating an environment that enables learning and is supportive of participants

It is vital that our Self-Harm Awareness trainers create an environment that is conducive to learning and makes our training sessions a positive experience for those participating. We want participants to feel that they are learning in a safe and inclusive environment, where their views and contributions are respected and valued.

Of the training participants who completed our end of training survey:

- **100% agreed or strongly agreed** that the trainer was knowledgeable about the subject
- **100% agreed or strongly agreed** that the trainer encouraged discussion and reflection
- **99% agreed or strongly agreed** that the trainer was respectful of participants' views and experiences
- **99% agreed or strongly agreed** that the trainer created a supportive environment for participants to share their experiences

"The trainer today was so informative and helpful. She was very approachable and clear that the content would be potentially upsetting for some. Topics were handled with sensitivity and appropriate humour."

"The sessions were very informative and generate fantastic discussion points. The trainer was very insightful, respectful and kind throughout a difficult topic."

"This was fantastic training. Not only do the trainers seriously know their stuff, they are really engaging and make a pretty 'heavy' topic 'enjoyable' to learn about."

Going forward we will be seeking feedback on the same thematic areas from participants in our Train the Trainer programme when it officially launches.

With our Loved Ones Support Groups, again we recognise the importance of creating a supportive and inclusive environment where participants feel safe, and their views and experiences respected. Of the participants of our LOSG who completed a post-group survey **100% agreed or strongly agreed** that:

- The facilitator was knowledgeable about the subject
- The facilitator encouraged discussion and reflection
- The facilitator was respectful of participants' views and experiences
- The facilitator created a supportive environment for participants to share their experiences

"The supportive, kind, caring and friendly nature of the facilitator. The freedom to share, ask questions and participate as much or as little as you wanted. It was a very relaxed atmosphere. The fully informative slides which were very easy to follow and understand. The whole course was really thorough and hugely beneficial. The weekly reminders the day before the sessions were invaluable."

"Ellen was the perfect facilitator throughout all of the sessions. She spoke so calmly and compassionately on a subject that many of the participants felt vulnerability around. She helped to 'make it OK' for us to talk about our experiences and I felt she was a wonderful role model in how to react to self-harm in general, understand why people choose to do it, and how to support ourselves and our loved ones better. Ellen's compassion, calmness and acceptance made such an impact on me."

Gaining a deeper knowledge and understanding of self-harm, and the support available

We want participants of our Self-Harm Awareness training to develop their knowledge and understanding of self-harm. We also want them to learn more about the support that is available to people who self-harm, and the role that stigma can play in acting as a barrier to people seeking support. Of the participants who completed a post-training feedback survey:

- **98% agreed or strongly agreed** that they have a better understanding of self-harm harm as a coping strategy
- **99% agreed or strongly agreed** that they have a better understanding of different types of self-harm
- **96% agreed or strongly agreed** that they have a better understanding of the underlying causes of self-harm
- **99% agreed or strongly agreed** that they have a better understanding of the functions of self-harm
- **98% agreed or strongly agreed** that they have a better understanding of harm minimisation approaches
- **98% agreed or strongly agreed** that they have a better understanding of where help and support exists for people who self-harm
- **96% of respondents agreed or strongly agreed** that they have a better understanding of the stigma associated with self-harm and can identify this as a barrier to support

"Really excellent training. [Trainer] was excellent- informative, friendly and approachable. Her real-life examples really brought the material to life in an understandable way. Although I already had a decent knowledge of self-harm, I feel like the training has broadened and deepened my understanding significantly. Thank you! Would highly recommend it to other professionals."

> "Excellent quality and level of training, very insightful and a lot to take away. I certainly can use in my day-to-day work activities and has provided me with a deeper understanding and perspective of the holistic factors contributing to and resulting from self-harm."

> "Highly valuable and interesting training, a must for anyone working in a caring profession or with vulnerable groups. I was unaware of the extent of the self-harm support available; this Awareness training is important and necessary."

Likewise, for our Loved Ones Support Group participants, we aim for them to gain a deeper and more thorough understanding of self-harm, and the support that is available to them and their loved one/s. Of the group participants who provided feedback:

- **93% agreed or strongly agreed** that they have a better understanding of self-harm harm as a coping strategy
- **93% agreed or strongly agreed** that they have a better understanding of the underlying causes of self-harm
- **100% agreed or strongly agreed** that they have a better understanding of the functions of self-harm
- **100% agreed or strongly agreed** that they have a better understanding of harm minimisation approaches
- **93% agreed or strongly agreed** that they can identify tools and resources that they can use to support their loved one

> "I feel like I understand the reasons behind why a person self-harms much better and the content of the sessions helped support me in talking to my daughter about self-harm and in me just accepting it."

> "I have a better understanding of why my daughter self-harms, and this was the biggest gain for me personally."

Feeling able, and being better equipped to provide an appropriate and compassionate response to people affected by self-harm

Through the knowledge, understanding and learning gained during Self-Harm Awareness training, our aspirations are that participants feel more confident, able and equipped to provide a compassionate response to people affected by self-harm. Responses to our feedback survey demonstrate that:

- **96% agreed or strongly agreed** that they feel more able to compassionately respond to a person who is self-harming
- **98% agreed or strongly agreed** that they feel more confident in offering support to someone who self-harms

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- **98% agreed or strongly agreed** that they can identify tools and resources they can use to support someone with their self-harm

"The resources available to use with service users going forward. The cycle of self-harm was a really great resource to use for helping to explain to families."

"It has changed my perspective on self-harm and why people do it. I work with young girls who self-harm...understanding why has given me more compassion."

"I feel that I would be more confident to support any young person in my care who started to self-harm and to know where to seek help."

For participants of our Loved Ones Support Groups, we want what they have learned and gained to help them feel more confident about supporting their loved one, and to understand more about how to look after themselves and why that is important. We also hope that they feel less alone in supporting their loved one, and that they find the sharing of their own experiences more comfortable. The feedback we received from participants who completed post-group feedback survey showed that:

- **85% agreed or strongly agreed** that they feel more confident in offering compassionate support to their loved one
- **78% agreed or strongly agreed** that they feel less alone when supporting their loved one with self-harm
- **93% agreed or strongly agreed** that they have a better understanding of how to look after themselves when supporting their loved one with self-harm
- **93% agreed or strongly agreed** that they feel more comfortable sharing their experiences of supporting their loved one

"I learned so much from the sessions and from the others in the group. The opportunity to talk to other people (parents especially) going through the same experiences with their loved ones was so validating, heart-warming and helpful….I have shared the website info and hope that others will access this type of support too as it's been a game changer for me…'Making it OK' with myself and not being devastated about it all the time has freed me from such heavy and dark feelings.
I am hopeful that by understanding the functions of self-harm, over time I can help [loved one] to find alternative strategies. Our relationship has grown closer as a result of the information I learned and how Ellen talked about self-harm."

"I feel more confident and able to support my [loved one] with more knowledge and understanding."

"It has already helped a great deal with my own situation. I feel more confident in coping and helping with self-harm issues with my [loved one]. More importantly, I don't feel so alone, and I now know of some places I can reach out to or encourage [loved one] to reach out to, if and when needed."

The information, tools and resources on the SHNS website are also intended to develop knowledge and understanding about self-harm, which can contribute to addressing stigma and misconceptions. Furthermore, the tools and resources can be accessed by anyone and has a role in helping to equip people to support others affected by self-harm. As has been discussed in a previous section, website views, and the number of times that tools have been downloaded from the website has remained strong throughout 2024/2025.

Using knowledge, skills, tools and resources to provide and embed an appropriate and compassionate response to people affected by self-harm

For those that participate in our Self-Harm Awareness training, we want them to take the learning, knowledge, tools and resources that they gained through the training, and embed it in practice to ensure that those who affected by self-harm receive a compassionate response. Our feedback survey is issued immediately at the end of the training session and therefore does not capture how learning is being used by participants, though carrying out follow-up evaluation activity with participants will be a focus over the coming year.

However, some respondents to the post-training survey provided examples of how they planned on using what they had learned and gained from the training in their work and/or lives. The main themes included:

- Using learning and resources to support the people they work with
- Signposting people to the SHNS website and/or the one-to-one support service
- Ensuring greater compassion when supporting people affected by self-harm
- Being more alert to the potential that somebody may be self-harming, and opening up a supportive conversation
- Sharing learning and tools with colleagues
- Share knowledge and learning with carers/parents of people they work with
- Plans to use a specific tool or resource (e.g. Cycle of Self-Harm, Safe Plan)

"I will use it to better support people who are self-harming, direct them towards relevant resources, and feel more confident while doing so."

"I will use the website and encourage young people whom I support to utilise the website."

"Share with colleagues and most importantly people we support. I have already sent a link to my colleagues to the toolkits on the website, I love how interactive these are and can be emailed/ downloaded. Brilliant stuff!"

"Supporting parents to think through self-harm from their child/young person's point of view."

It is a similar situation with our Loved Ones Support Groups whereby the survey is issued immediately after the last group session and does not explore how they have been or will be using what they have learned to support their loved one or themselves. Again, this is something we are aiming to address in the coming year. However, feedback from the group facilitators suggests that there is often discussion and reflection during the sessions which relate to how loved ones have been using their learning to support their loved one and their experiences of doing so. This anecdotal feedback suggests that learning is being put into practice by loved ones of people who self-harm.

Again, there were several responses in the post-group feedback survey that provided examples of how they were planning on using their learning. Perhaps unsurprisingly, the main themes

expressed in the responses related to using their learning to better support their loved one, and sharing their learning, resources and tools with their loved one. A small number of respondents also explained that it was something that would inform their practice in their work role as well.

Community Capacity Building activity

SHNS Community Capacity Building (CCB) activity has organically evolved over the past 12-18 months. The catalyst for this work was receiving, and responding to, bespoke requests that SHNS were receiving from organisations where tailored content and approaches were required to meet their specific environments and contexts. To date this has included:

- **Scottish Prison Service (SPS) –** Our work with SPS has been focused on collaborative working to develop a training package that can be rolled out to staff. As with all our training it is intended to provide staff with the confidence, knowledge, resources and tools that equip them to provide a compassionate response to people in their care who are self-harming. However, the unique environment and context of a prison setting mean that our standard training offer requires aspects of bespoke content to ensure the learning and resources are relevant and effective in a prison environment.
- **Scottish Ambulance Service (SAS) –** The focus of our current work with SAS is the development of resources that ambulance service staff can share with people that they are called to see regarding self-harm. This work is in its early stages and there are longer term plans to develop a bespoke training programme for staff as well. SHNS has also benefited from the relationship, having drawn on their clinical and medical guidance to update our own information on the website relating to first aid and self-harm.

Our work in this space has highlighted the need for a more tailored and bespoke response for different communities and contexts, which has informed the ongoing development of our CCB offer and activity. Working closely with the Scottish Government, we have identified two priority communities where we will focus our CCB activity over the coming year – the LGBTQ+ and Neurodiverse communities. Since the launch of SHNS we have organically developed links and relationships with organisations who are actively working in and with these communities and will develop these relationships further as we work collaboratively with them.

Provider Network

Our Provider Network is a national network of professionals who have an interest in or deliver services that support people who may be affected by self-harm. The network is comprised of colleagues from third sector organisations that provide a range of support and work with a variety of different communities, including those at highest risk of self-harm. We also have members from statutory services within Health & Social Care and the NHS, the DWP, Hospice and Drugs & Alcohol services.

The aims of the network are to:

- Establish relationships and identify opportunities to deepen understanding of self-harm, reduce stigma, discrimination and promote compassionate responses
- Plan and deliver Self-Harm Awareness events, regional and national conferences
- Gather and share stories of good practice
- Work with COSLA to connect with networks within schools, education establishments and other organisations working with children and young people to deepen understanding, reduce stigma and improve responses to self-harm
- Share learning, data and evidence, effective approaches, resources and tools with provider organisations, primary care, people working in unscheduled care, so that compassionate responses are provided to people who self-harm.

During 2024 we worked with members of our Provider Network to explore how the network could operate to provide an effective forum that would meet our aims and contribute to the delivery of the self-harm strategy and action plan. Network members felt that a blend of online sessions and face-to-face conferences throughout the year, with each having a thematic focus to guide the content and delivery of sessions would be good.

For the coming year we are planning to host webinar sessions and a face-to-face conference. The first of our webinars will be delivered during the first week of June 2025, with 'Looking after yourself while supporting people who self-harm' being the focus. The planning for our first Provider Network Conference of 2025 is also underway and is scheduled to take place in October 2025.

Contributing to the aims of the Self-Harm Strategy

The work of SHNS makes a significant contribution to the delivery of the Scottish Government and COSLA's Self-Harm Strategy and associated action plan. Alongside the strategy and action plan is an outcomes framework which sets out the different priority areas, the short term and medium-term outcomes that relate to each priority, and the achievement of which will result in the strategic vision being realised. We are nearing the mid-point of the current strategy, and the point in which the short-term outcomes are expected to have been achieved. In the table below, we set out each priority area, their related short-term outcomes, and a description of how SHNS activity contributes to the achievement of each.

Priority	Short term outcome	SHNS contribution/ future contribution
Continue to expand and deepen knowledge and compassionate understanding of self-harm and tackle stigma and discrimination.	There is increased provision and uptake of resources, support and learning opportunities about self-harm for people, communities, and settings to help develop greater knowledge, awareness and compassionate understanding of self-harm	• Information, resources and tools available on SHNS portal • Self-Harm Awareness Training • Train the Trainer programme
	Resources, support and learning opportunities are targeted and tailored to meet the needs of key professional groups and sectors.	• Current CCB activity (Scottish Prison Service and Scottish Ambulance Service) • Future CCB activity with priority communities (Neurodiverse and LGBTQ+)
	More resources, support and learning opportunities are co-designed with people with lived experience and key partners, to ensure they meet the needs of marginalised communities and groups at higher risk of self-harm.	• Lived experience involvement in development of website resources • Lived experience involvement in development of Self-Harm Awareness Training • Lived experience involvement planned for CCB activity
Continue to build person-centred support and services across Scotland to meet the needs of people affected by self-harm.	Increased availability and promotion of bespoke self-harm support, including online and peer support.	• Delivery of one-to-one support service • Provision of Live Chat support • Above services regularly promoted through SHNS comms activity, and through delivery of training and loved ones' support groups.
	More existing services and settings will offer and deliver effective, compassionate and non- stigmatising self-harm support	• Participants of Self-harm Awareness applying their learning in their practice • Train the Trainer programme supporting organisations to embed a compassionate response to people who self-harm throughout their organisation
	Increased collaboration, sharing of best practice and learning to support continuous improvement in existing and new services	• Provider Network which provides a forum for the sharing of experiences, learning and good practice
Review, improve and share data and evidence to drive improvements in support and service responses for people who have self-harmed or are at risk of doing so	Currently available data, data gaps and limitations on self-harm are identified and reviewed across a broad range of settings, including those where risks of self-harm may be highest	• SHNS share insights and learning through analysis of data that it gathers through its services and activities through meetings, events and provider network
	Increased availability and promotion of emerging self-harm research	SHNS support the promotion of existing and new self-harm research through comms activity, stakeholder meetings and events.

Conclusions

This year has seen continued demand for SHNS services, as well as a continuation of the successes generated in the previous year. Our one-to-one support service continues to support people on their recovery journey and makes a positive difference to their lives. Feedback from supported people suggests that they trust the service, receive compassionate, non-judgemental and person-centred support that they feel involved in. For many supported people, they leave the service understanding more about their own self-harm, developed alternative coping mechanisms, have improved wellbeing and stopped or reduced their self-harm, and achieved a range of other goals that they had set.

One area where we need to build our understanding and evidence is whether the learning and gains people experience during support help them sustain positive change after support ends. Another area where we need to develop our understanding is in relation to supported people who disengage with support part way through. It is vital that we understand whether this has been related to the support they have received, or how it has been provided, and whether there is anything that we can change. There is also a gap in our understanding when it comes to knowing who the one-to-one service is reaching and who it isn't. Demographic data is provided by only a small proportion of supported people, which limits our understanding. These are areas that we will be seeking to address over the coming year.

While the evidence base for the impact generated through our Live Chat and supported people's experience of it is more limited, the emerging picture is positive. A very high proportion of people who have had a support conversation on the Live Chat and provided feedback have found it to be helpful to some extent. The limited open-ended feedback suggests that people are feeling listened to and supported during the chat. Furthermore, our analysis of a random sample of chats demonstrate that supported people are given the space to talk about their current circumstances, worries and/or challenges, which informs a person-centred response from the Practitioner. In most of the chat analysed, it was also apparent that knowledge is being shared, and tools, resources and different techniques are provided. We have recently redesigned how we gather feedback from users of the Live Chat which should help to strengthen the evidence base going forward.

Our Self-Harm Awareness training continues to see strong and increasing demand from organisations, delivering to almost 500 more professionals than in the previous year. Participants' experience of the training remains overwhelmingly positive with evidence suggesting that trainers create a safe environment, where participants feel included, and their views and experiences valued and respected. There is strong and consistent evidence from the training feedback survey responses that the training is helping to increase knowledge and understanding of self-harm, making people more aware about the support that is available, and equipping people to provide a compassionate response to people affected by self-harm. The main gap we have in our evidence base currently, relates to the extent to which training participants are then applying their learning and making changes to practice. This is something we aim to remedy over the coming year.
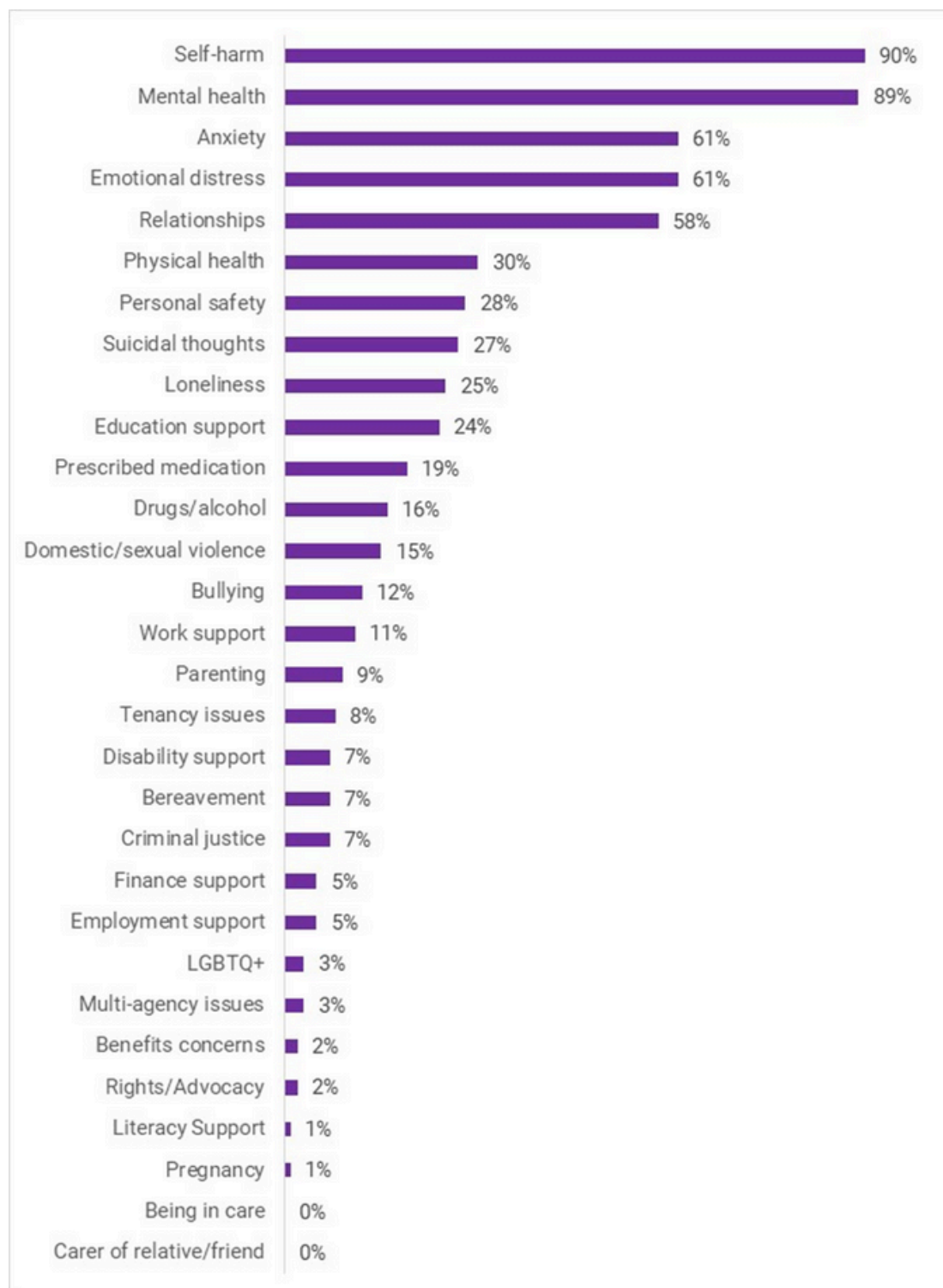
2024/2025 saw the launch of our Loved Ones Support Groups, and while only a relatively small number of these have been delivered, they have been very well received by the loved ones who have participated. The early delivery has provided us with much learning, particularly in relation to the booking and scheduling process, which now tweaked should better enable participation for those who sign up. Feedback from participants suggests that the group facilitators create a supportive environment where participants feel safe to share their experiences, worries and challenges. The group reduces feelings of isolation, while also helping participants to understand more about their loved one's self-harm, how to provide compassionate care and support, and emphasises the importance of self-care. There is an evidence gap regarding how participants' learning is used after the group finishes. While there is some anecdotal evidence that participants are using what they learn between group sessions, further work is required to understand whether this is sustained and effective in the longer term. Again, we are taking steps to address this over the coming months.

While our Training for Trainers programme and CCB activity are yet to generate impact, 2024/2025 has been a year that has been used to develop these components further and set robust foundations that enable this work to be further built on in the coming year. It is a similar position with our Provider Network, where the groundwork of the previous 12-months has enabled us to form a practical and effective plan for the year ahead.

Finally, the Scottish Government's Self-Harm Strategy and Action Plan are nearing their mid-point. This is a stage where it is expected that evidence will be emerging that demonstrates the intended short-term outcomes of the strategy and action plan are being achieved, or that progress is being made towards them. As could be reasonably expected, the work of SHNS align strongly with the aims of the strategy and action plan, and our work contributes to the achievement of the intended outcomes. All the evidence presented in this report, aligns with, and contributes to, one or more short term outcome in the strategy, and we can therefore conclude that SHNS is making a significant contribution to realising the ambitions of the strategy and action plan.

Appendix 1 - Full details of matters raised/discussed during initial support sessions

Matter	Percentage
Self-harm	90%
Mental health	89%
Anxiety	61%
Emotional distress	61%
Relationships	58%
Physical health	30%
Personal safety	28%
Suicidal thoughts	27%
Loneliness	25%
Education support	24%
Prescribed medication	19%
Drugs/alcohol	16%
Domestic/sexual violence	15%
Bullying	12%
Work support	11%
Parenting	9%
Tenancy issues	8%
Disability support	7%
Bereavement	7%
Criminal justice	7%
Finance support	5%
Employment support	5%
LGBTQ+	3%
Multi-agency issues	3%
Benefits concerns	2%
Rights/Advocacy	2%
Literacy Support	1%
Pregnancy	1%
Being in care	0%
Carer of relative/friend	0%

Appendix 2 - Examples of common issues/barrier, strengths and interests, and goals

Barriers/worries identified during the development of support plans:

- Home life, family and relationships
- Low mood, depression, anxiety and/or stress
- Self-esteem, self-worth and confidence
- Suicidal thoughts and actions
- Physical health or a physical health condition
- Isolation/ loneliness
- Self-harm/ thoughts of self-harm
- Mental Health/ Mental illness
- Trauma/ PTSD
- Relationship with food
- Grief/ bereavement
- Feeling overwhelmed
- Caring responsibilities
- Financial worries or difficulties
- Coping with day-to-day activities

Examples of strengths and interests identified during support planning:

- Music (listening and playing)
- Cooking
- Gardening
- Arts and crafts
- Beekeeping
- Various sports/ physical activities
- Teaching others
- Various personal qualities (e.g. hard working, caring, curious, considerate, friendly, open to new things, punctual, focused)
- Networks/ relationships
- Pets/animals
- Nature/outdoors
- Reading/ writing
- Spirituality/ religion
- Gaming

Examples of goals identified during the development of support plans:

- Stopping or reducing self-harm
- Understanding more about their self-harm
- Learn alternative coping strategies
- Improving sleep
- Increase their self-esteem, self-worth and/ or confidence

- Establish and stick to a routine/ manage daily life and activities
- Finding/ maintaining/ changing employment or volunteering
- Reduce anxiety/ worries
- Improve mental health and/ or emotional wellbeing
- Improved self-care
- Improve relationships/ social connections
- Reduce social isolation
- Better able to manage emotions
- Study/ education-related goals
- Have a healthier relationship with food
- Be better at help-seeking/ accessing support
- Be more active/get out more.

Appendix 3 – Examples of information and options explored during support sessions

- Explaining 'My Agreement' and agreeing with the supported person to read and complete it for the next session
- Exploring harm minimisation strategies
- Using I.ROC/ YROC to support planning for future sessions
- Discussing resources available for loved ones to aid their understanding of self-harm
- Agreeing the specifics of support, and how it will be provided
- Discussing the Window of Tolerance and providing related resources
- Reflecting on progress towards goals and identifying next steps
- Planning/agreeing a safe plan to help keep the supported person safe
- Agreeing to keep a self-harm diary, and discussing the recordings at the next session
- Using the Traffic Light tool and reflecting on what things look and feel like when there is an absence of urges to self-harm
- Exploring and agreeing onward signposting or referral
- Exploring trauma informed strategies
- Using the Talking Heads tool, and committing to using it outside of support sessions
- Discussing extending support to get past a life changing event
- Revisiting different distraction techniques
- Exploring and planning micro changes that contribute towards bigger changes
- Introducing grounding techniques
- Discussing/identifying/agreeing/Prioritising goals
- Discussed use of the Live Chat in between support sessions
- Developing a weekly planner
- Began I-ROC