

# Self-harm Network Scotland



## Self-Harm Network Scotland Impact Report April 2023 to March 2024

\*This report was originally reported using the digital OutNav system. A simple version was downloaded and used to create this word/pdf document for storage purposes, with reduced graphics and the interactive features removed.



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# Background

## About This Work

This report presents the impact of the Self-Harm Network Scotland service from April 2023 to March 2024. The report is split into two pathways, one focusing on our Short Term 1-on-1 Support and one focusing on our Website and Live Chat, encompassing the main branches of support we offer.

At the heart of Self-Harm Network Scotland (SHNS) and Penumbra is our philosophy that mental health recovery can and should be available to everyone. Recovery is about building a meaningful and satisfying life, as defined by the person. We believe passionately that working in the recovery focused and person-centred ways described in this report creates direct and tangible impact for people's individual recovery, and for those who support them both personally and professionally. This report describes and examines the impact of this approach, the outcomes we aim to achieve and the progress we've made towards them. It describes the experiences we hope every person we support has and the outcomes they feel they can move towards and achieve.

*"Over the last year the Self-Harm Network Scotland team has worked incredibly hard to grow our service and connect with all of Scotland. It has been a year of learning, adapting to change and growing the offers of our network. This has included additional resources like our Live Chat function, and our loved one's support groups to name a few. We have seen the publication of the Scottish Government's Self-Harm Strategy – and are excited to continue to work with the Scottish Government and COSLA to bring this vision forward into implementation. I'd like to take this opportunity to thank everyone who has made the impact outlined in this report possible – it's an honour and inspiration to work alongside you all."*

*Darren Boyd - Network Manager*

## Self-Harm Network Scotland 2023-24 Summary

**307 referrals, with 83% beginning 1-on-1 support**

57% of those referred were under the age of 30, with 31% being under 18

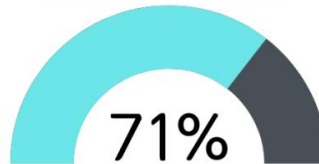
158 people left support, 49% achieving their support goals

284 support conversations on the Live Chat

44 loved ones given 1-on-1 support



Of people who left active support completed our End of Support Survey



Of those who gave End of Service Feedback rated support 10 out of 10. 18% rated it 9 out of 10.



Of those who gave End of Service Feedback had stopped/reduced self-harming and found other ways to cope

We trained 1642 professionals in Self-Harm Awareness, training 58 different organisations and hosting 16 open training sessions. 269 provided end of training feedback.

Of those who provided feedback on our Self-Harm Awareness training....

84% of feedback respondents rated the training as "excellent", 15% as "very good"

73% strongly agreed that they felt more confident helping someone who self-harms as a result of our training (24% agreed)

85% strongly agreed they had a better understanding of self-harm as a coping strategy as a result of the training

## Context For Delivery

The Self-Harm Network Scotland 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. The power of people's lived experience enables us to deliver pioneering services which transform lives.

Penumbra began to develop specific services for people who self-harm around 25 years ago. Today, we remain one of a few organisations that has specific services for people who self-harm. In November 2023, the Scottish Government published a self-harm strategy and action plan for Scotland for 2023 to 2027. As part of the strategy, along with government team, third sector partners, and others, Penumbra committed to delivering a test programme that feed into the strategy development process. The delivery was built on our existing experience of delivering self-harm services, was informed by people with lived experience and connects with the wider network of those engaged in vital work in this area. SHNS began offering support in August of 2022, and it has grown and developed since then, now supporting hundreds of supported people and training thousands of professionals.

## Methodological Approach

The work shown in this report has been carried out using the Matter of Focus approach. The Matter of Focus approach is a theory-based approach to outcome monitoring and evaluation, learning and improvement that builds on contribution analysis. We have used the theory of change to identify what this looks like in practice across six key areas:

- What is it that we do
- Who do we do it with

- How do they feel
- What do they learn and gain
- What do they do differently
- What difference does this make

In 2022 we created an overarching “Outcome map” based on these headings with a wide group of people we support, staff and other colleagues in Penumbra. This outcome map describes the way we see our approaches working in practice with every person we support, but from the perspective of one unique individual. Central to our belief is that these core ways of working should apply to everyone we support, irrespective of the particular mental health challenges they are facing, or the type of support they are accessing.

# Our pathways

**One-on-one Short-Term Support**

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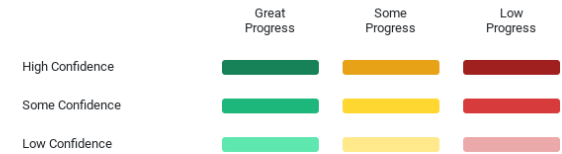
**Website and Live Chat**

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# One-on-one Short-Term Support - pathway progress



# One-on-one Short-Term Support - summary findings

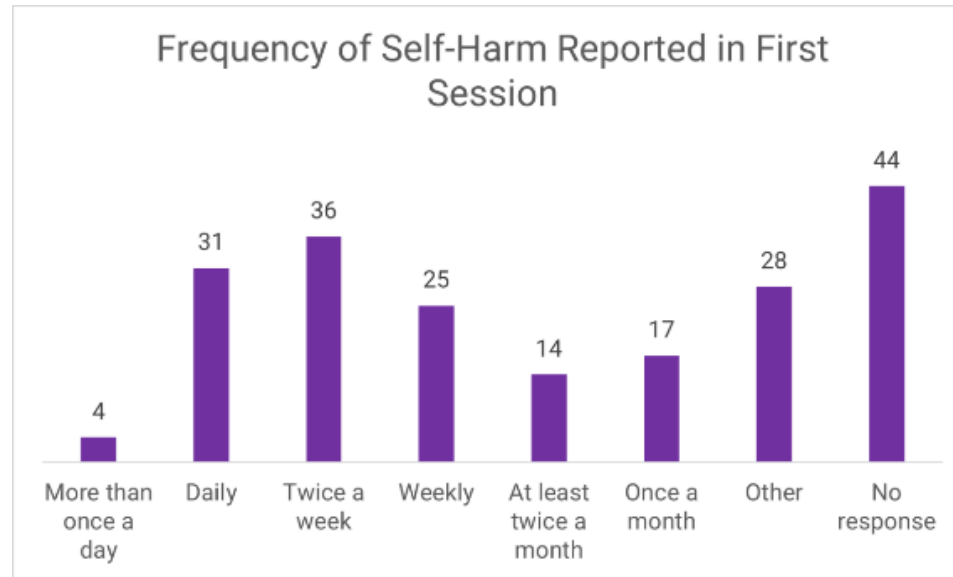
## What we do

When people access our 1-to-1 long term support we aim for supported people to have/do the following:

### ***I have meaningful conversations about where I'm at.***

When supported people begin 1-on-1 support with SHNS, we ask about their self-harm as well wider questions about where they are at right now and what matters to them.

Regarding self-harm, we ask them both how they self-harm and the frequency of their self-harm (they are not required to tell us if they do not wish to, they can still access support). At SHNS we define self-harm as any non-accidental behaviour which causes, or has the potential to cause, harm to a person. By asking this, we can better understand their current situation and tailor support to their personal needs. We held 205 first support sessions between April 23 to May 24 [1]. Twice a week was the most reported frequency of self-harm (excluding those who did not provide a response).

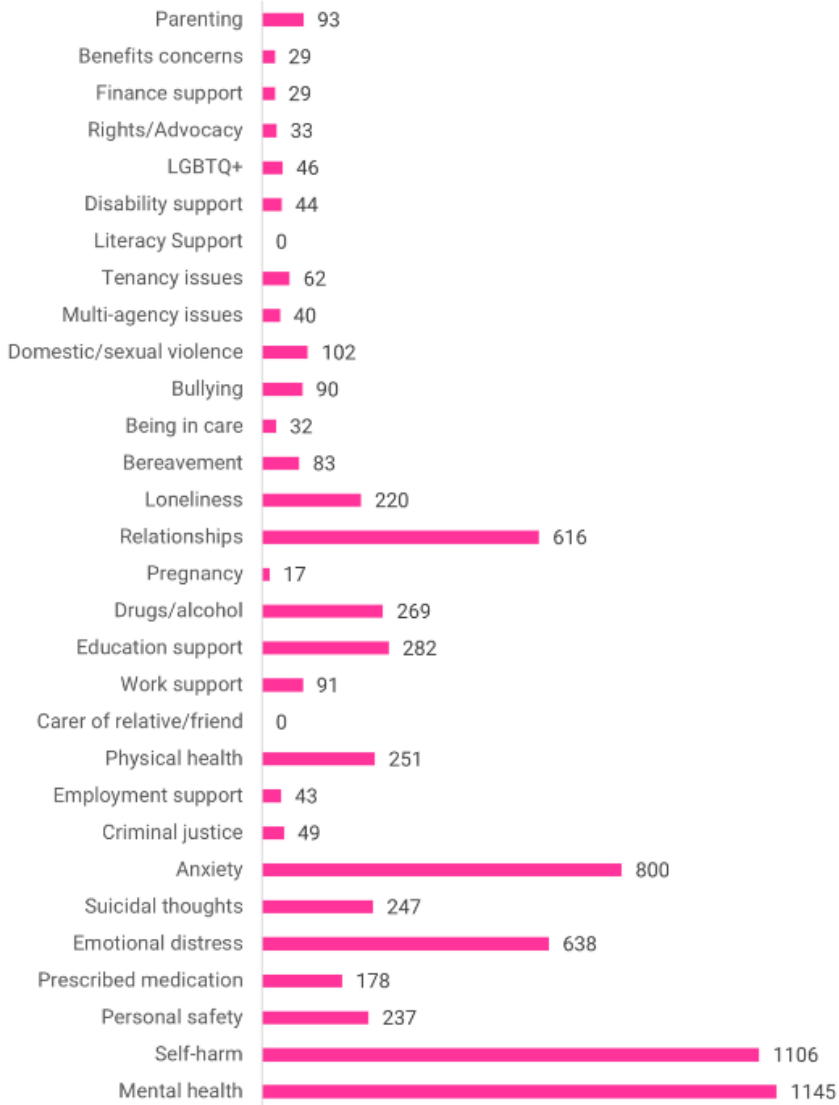


Of those who responded "other", 11 out of 28 had not self-harmed for over a month but were struggling with ongoing or recently recurrent thoughts of self-harm, so SHNS was acting as an early intervention as opposed to helping with current self-harm. The rest of the "other" responses were varied, with some self-harming very frequently and others not being certain how best to define the frequency.

Of the 205 recorded first support sessions, cutting themselves using blades (or similar objects) was the most reported form of self-harm, with 76% of supported people reporting cutting. Other common forms of self-harm included alcohol misuse, hitting themselves/other objects, burning themselves, picking/scratching their skin, and restricted or disordered eating. Other forms of self-harm reported include drug misuse, overdose, hair pulling, self-neglect, risky behaviour (such as getting into fights and unprotected sex), gambling and social isolation[2]. Whilst cutting was by far the most reported, this could be partially due to stigma and misunderstandings attached to self-harm, with people not associating other self-harming behaviours as self-harm and only considering cutting themselves as self-harm.

In addition to discussing self-harm, we utilise the HOPE (Home, Opportunity, People, Empowerment) Framework to better understand what challenges may be contributing to their self-harm. From April 2023 to March 2024, 1514 support sessions were held. Outside of self-harm, the top 3 most discussed topics during all support sessions were mental health (mentioned in 76% of sessions), anxiety (mentioned in 53% of sessions), and emotional distress (mentioned in 42% of sessions).

### HOPE Framework - Matters Discussed In Support Sessions



By having meaningful discussions about their self-harm and wider environment mean we can better understand where the supported person currently is in their journey and what we can do to help them in their journey.

***I have meaningful conversations about what matters to me and where I want to get to, identifying strengths and support goals.***

We also look to supported peoples' strengths and interests, as well as what goals they want to work towards and why. By understanding these we can make support strengths based, helping people identify their interests and strengths, and help them utilise these towards their support goals. One way we gather this information is by having a conversation about strengths, interests and goals at the start of support. 248 of these conversations were had between April 2023 to March 2024. Records of 20 of these conversations were sampled at random, to identify what interests, strengths and goals supported people commonly highlight.

*Interests*

- The mostly common interests were listening to and playing music (6 out of 20) and art, such as painting and drawing (5 out of 20).
- Other interests included sports, online gaming, watching TV, writing, spending time with their children, spending time with friends, cooking, and fashion.

*Strengths*

When we ask about strengths, we ask about this alongside asking about their interests and when answering we find supported people tend to focus more on interests than their strengths. This is perhaps because supported people find it easier to speak of their interests than speak of their strengths, with some highlighting that they struggle to view themselves positively when they begin support and find it hard to identify their strengths. Some did identify strengths however:

- Being a good and caring friend
- Caring for and looking after others (e.g. friends, colleagues)
- Caring for and looking after pets
- Balancing their studies alongside their job

### *Goals*

When people begin support, we work with them to identify their goals, both through support and more widely. The mostly commonly identified goals were:

- Not needing to rely on self-harm to cope and instead using healthier coping mechanisms (11 out of 20)
- Understanding their self-harm and why they self-harm (6 out of 20)
- Reducing the frequency of their self-harm (4 out of 20)
- Reducing the severity of their self-harm (4 out of 20)

Other goals identified were:

- Understanding their emotions
- Understanding their anxiety
- Increased independence
- Getting a job and their own home
- Having increased confidence to talk about their feelings and self-harm



- Increased positivity

By having meaningful discussions about the supported person's goals, strengths and interests helps us forward plan with the supported person, tailoring support to their needs and where they want to get to on their recovery journey.

***I explore the information and options that are right for me and my goals, working together with my Peer Practitioner to plan and agree next steps.***

During support sessions, the peer practitioner and supported person work together to plan next steps and decide on what tools and guidance to use to support their recovery journey. From April 2023 to March 2024, 1514 support sessions were held. A sample of 30 support sessions were selected at random (with the exception that each session is with a different supported person). From this sample, we looked at what information and options were explored and how this informed person-centred planning.

**Information and Tools Explored with Supported People and How These Informed Next Steps:**

- Information and tools from the SHNS Toolkit were discussed in 18 out of 30 of support sessions (it may have been utilised in other sessions in the sample but was not explicitly noted). Frequently used sections of the toolkit were the Cycle of Self-Harm, Affirmations tool, Self-Harm Dairy, and the Safe Plan. When deciding what tools to use, these were presented and discussed with supported people to identify which tools the supported person and Peer Practitioner felt would help them best. The supported person would then either explore it themselves before discussing it at the next session, or the Peer Practitioner would help the supported person complete it in the session and give them a copy of the completed tool to keep and refer to in future.
- The Peer Practitioner and supported person often discussed alternatives to self-harm which the supported person could use as well as distraction techniques, following up in subsequent sessions whether the supported person had used the alternative/distraction and if they found it helpful.

- Some supported people began using I.ROC/Y.ROC (Individual Recovery Outcomes Counter, developed by Penumbra as a tool to map an individual's recovery) with plans to review it in future support sessions.
- Some looked at what goals they wished to achieve during support and how they could work towards these (goal setting tended to occur in the samples which were near the start of support).
- Some explored the functions of their self-harm with the Peer Practitioner, to better understand their self-harm, with functions such as emotional regulation, distraction, feeling alive/real. By exploring the function of a supported person's self-harm, the supported person and Peer Practitioner could then discuss what alternatives and tools would best suit them and their needs.
- Some explored external signposting and referrals for specific needs they required outside of self-harm support, such as advocacy support, counselling support for past trauma, and carers support.

These discussions allow us to ensure support looks towards the goals and plans the supported person wants to achieve, making it centred around the individual by actively discussing and deciding together what next steps will be taken.

### ***I am supported to review my progress.***

During 1-on-1 support, supported people work with the peer practitioner to review their progress during support.

One way SHNS supports people to review their progress is through the use of I.ROC (and Y.ROC for young people). All supported people are offered the use of I.ROC/Y.ROC, and by using this supported people are able to view their progress over periods of time, creating a picture of their mental, physical and social wellbeing and identifying areas they would like to focus on. In 23-24, 112 I.ROCs and Y.ROCs were completed. 79 of those were baseline I.ROCs/Y.ROCs, which are completed when a supported person begins support. 33 of these were follow-up I.ROCs/Y.ROCs, which are completed towards the end of support to allow for a comparison with the baseline completed at the start of support. 31% of supported people who entered active support completed at least one I.ROC/Y.ROC.

Another way is through My Review. My Review is a Penumbra tool which can be used to help supported people and the Peer Practitioners review the supported person's progress mid-way through support. My Review should take place if a supported person has 6 or more support sessions (unless the supported person opts out or other circumstances mean it would not be appropriate). 32 My Reviews were completed in 23-24. 82 supported people had 6 or more support sessions in 2023-2024, so this means 39% of those who we would expect to undertake a My Review did do one. Whilst we would not expect all to undertake a review, this percentage is concerningly low. Reasons for this could include the supported people opting not to use My Review as they do not feel they are ready to or do not feel it would be helpful for them personally. A further reason is some practitioners not feeling entirely confident in utilising My Review as this was identified during an internal review of our forms. Support is being put in place to help practitioners feel confident in using My Review.

Lastly, even if a supported person does not utilise I.ROC/Y.ROC or My Review, practitioners still reflect and review progress with supported people and recording this in the support session notes. An in-depth analysis of support session notes for 7 randomly sampled supported people was undertaken in September 2023. In all samples, there are examples of the supported person and practitioner reviewing the progress of the supported person in their recovery journey. This was through a variety of activities, such as discussing the tools used to support their recovery and manage their self-harm as well as reflecting on the progress of the supported person generally, reinforcing the positive steps they were taking.

Reviewing progress with supported people helps them see their progress on their recovery journey. No journey is linear, and by reviewing progress the supported person and practitioner can review what support is currently in place and if they feel this is helping them or not, adapting support accordingly.

***I have the opportunity to shape and contribute to the service.***

We welcome and encourage feedback throughout support and training, from supported people, those who matter to them, and other professionals who support them. Our practices have been and will continue to be informed and directed by lived experience

through feedback from supported people, guidance from those with lived experience external to SHNS, and our Peer Practitioner team.

Supported people can provide feedback, contributing to the development and improvement of the service, through several different ways:

- End of Service Feedback Form
- Recovery Stories
- Informal feedback (discussions with practitioners, emails, social media channels)
- Group feedback and input sessions open to supported people, the public and professionals
- Making a complaint

When supported people leave 1-on-1 support, we encourage them to complete our End of Service Feedback Form. We received 62 feedback forms in 23-24, which is 39% of people who left active support.

During 23-24, 5 supported people shared their recovery stories, which have been published on the SHNS website and shared through our communication channels. The recovery stories can be read on our website: [SHNS Recovery Stories](#).

We also gather feedback about our Self-Harm Awareness Training. For our Self-Harm Awareness training for professionals, 269 completed our training feedback form (a response rate of 16% of attendees). We have plans in place to address the low training feedback response rate. Further information will be provided in Q1 or 24-25.

We use all feedback to understand the impact our support is having, and where we can improve. Anonymised feedback is reported on and shared across the team and used to both improve the service as well as highlight where we are doing well. The vast majority of feedback so far has been positive, but where there have been suggestions for changes or improvements, we have acted on these where possible and appropriate.

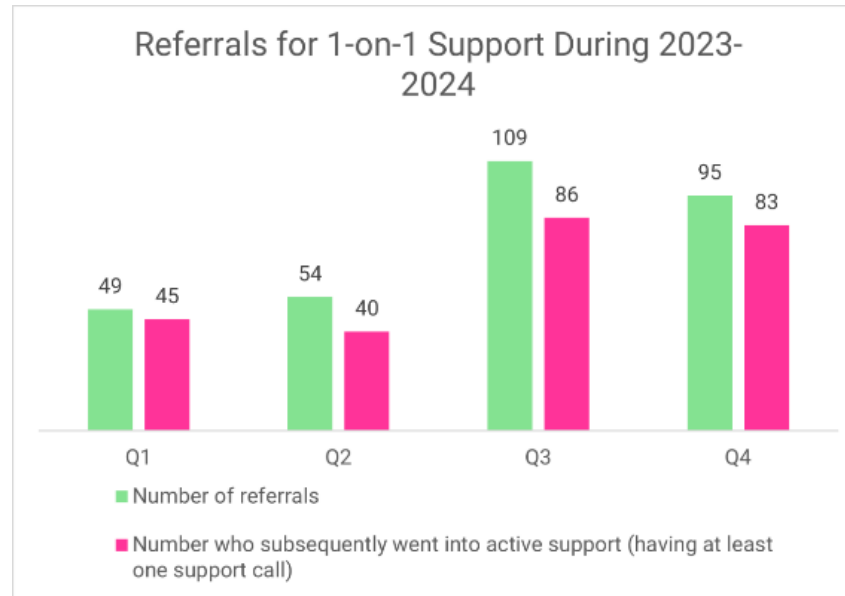
[1] The actual number of first support sessions will likely be marginally higher, with first support sessions occasionally erroneously being recorded as a follow-up session on our online system. We aim to rectify this in future with a change to our recording system, minimising chance for error.

[2] This list is not exhaustive but rather these are the more commonly reported.

## Who with

### *Supported People*

From April 2023 to March 2024, we had 307 applications for 1-on-1 support. **Of these, 254 (83%) proceeded to active support, having at least one support call.** The other 16% did not proceed after the initial referral. Of the 307 applications, 6 were re-referral applications (meaning we had 301 people apply for support, and 6 of these people then re-referred a second time).



There was a large jump in the number of referrals between Q2 and Q3. It is not certain what exactly may have led to this large rise in referrals, but developments may have led to this increase are:

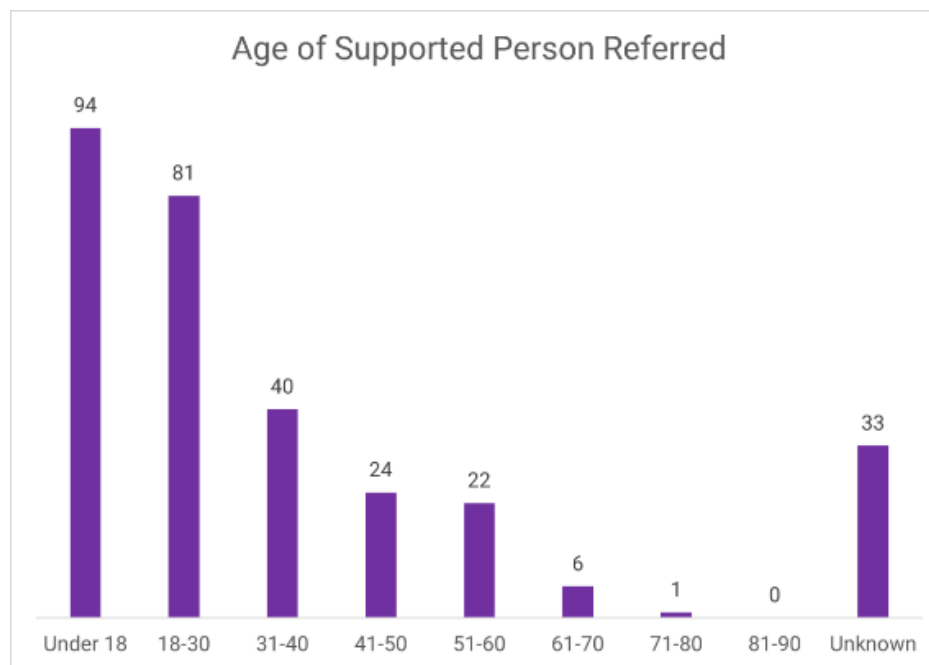
- The return to education in August and September leading to an increase in referrals from schools and further education.
- The launch of the Live Chat in October 2023, with people using the chat often being signposted to our 1-on-1 short term support.
- The November launch of National Self-Harm Strategy by the Scottish Government, which references the work of SHNS, increasing awareness of the service.
- The SHNS service being featured on STV News as part of the strategy launch, increasing awareness of the service.

We collect demographics data during the referral process. Apart from age, providing demographics is optional and it continues to be the case that the majority of supported do not provide this information. It was identified there was some uncertainty in the SHNS

team about when and how to collect this information, so renewed guidance was provided to the team. Of the 254 who entered active support:

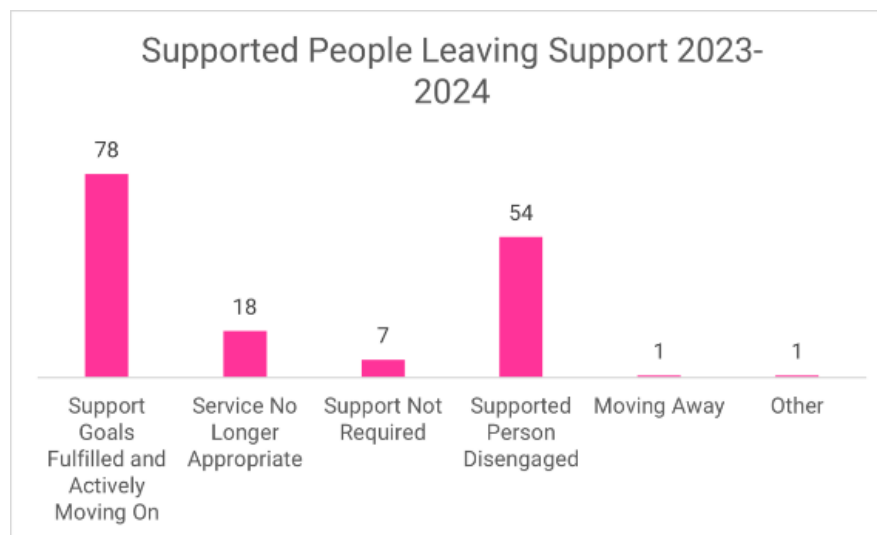
- 21% identified as female, 7% as male, and 1% as transgender.
- 7% identified as heterosexual, 2% as bisexual, and less than 1% was unsure of their sexuality
- 12% do not consider themselves as having a disability, 6% a mental disability, 3% a physical and mental disability, and less than 1% a physical disability.
- 16% are living with family, 7% are living alone, 1% are living in shared accommodation, 1% are living in supported accommodation, and less than 1% had no permanent accommodation.

All others did not provide this information.



The largest age group we support those under the age of 18 [1]. This will be partially due to SHNS having support specifically for young people in Dundee. This may also be influenced by stigma attached to self-harm, with older individuals potentially not viewing their self-harm as self-harm, viewing self-harm as only affecting those who are younger and use cutting as a form of self-harm.

159 supported people left active support in 23-24, having had at least one support call. Of those:



78 supported people fulfilled their support goals and actively moved on from support in 23-24 (49% of those who left active support). 54 supported people engaged during support (34%). Whilst the disengagement rate is high, an analysis of potential reasons for disengagement was carried out in Q2 of 23-24 [2]. Analysis of support notes of those who had disengaged from August 22 to September 23 suggested that in only one instance the supported person disengaged due to the support itself, with the discussion of self-harm making them feel worse. Whilst disengagement is high and we will continue to monitor this closely, sampling currently suggest that this is not due to our support and there is evidence of other factors influencing disengagement (such as traumatic life events).



### ***The People Who Matter to the Supported Person***

We provide 1-on-1 support to family and friends of supported people, providing information and guidance about how to support someone close to them who self-harms whilst looking after themselves as well. Since May 2023 (when we began offering 1-on-1 support to family and friends) to March 2024, we had 48 enquires for support from parents/carers of those who self-harm. 44 of these lead to phone and/or email conversations offering guidance and support. Support included:

- sharing information about the service and support we can provide
- providing reassurance and guidance
- answering questions and using the SHNS toolkit with the parent
- signposting to other relevant services
- showing them how to submit a referral via the website

We were unable to make contact with 4 after the initial enquiry, but we still provided information on the service and encouraged them to contact us again in future if needed.

We also began providing 1-hour Self-Harm Awareness sessions which are open to the public to attend. Two sessions have been held so far in March 24, with 8 people attending each session (16 in total). We will continue to provide these in the coming months as there has been great interest in these sessions.

In Q1 of 2024-2025, we will begin a Loved One Self-Harm Support Group, providing 4 support sessions per block. The sessions will focus on information on self-harm, how to support someone who self-harms, how to support yourself, and a follow-up to discuss their learning and experience of using the information provided.

### ***Other Organisations and Services***

The SHNS provides Self-Harm Awareness training for free to other organisations and services. In 2023-2024, we trained **1642 professionals**, providing training to **58 different organisations** and services as well as hosting **16 open training sessions** (sessions which are publicly advertised and open to professionals across Scotland).



\*The above graph covers the 58 organisations and services trained. It does not include the 16 open sessions held, as these are attended by a variety of professionals.

We continually work in partnership with other organisations and services, and in Q3 of 23-24, we created the External Provider Network. The Network is designed to connect local and national approaches to supporting those who self-harm. The Network meets once a quarter to collaborate, share learning and practice, and gain a wider understanding of services available across Scotland (the SHNS Network Manager can be contacted for more details).

We also aim to constantly learn and improve as an organisation, ensuring our support is accessible as possible. It was highlighted to us that our website could be more accessible for those who speak sign language, so we began working in partnership with the

British Deaf Association to commission sign language interpretation to the content on our website. We also undertook training from Atlas, an autism awareness organisation in Scotland led by those with autism. Several of those we support also have autism, so the training provided us with increased understanding of autism and how we can adapt our support to suit the needs of these supported people. We also provided Self-Harm Awareness training to Atlas, creating a partnership of learning between the two organisations.

### *Spotlight On...*

By reaching out to a variety of organisations and services across Scotland, we are able to reach those who need our support. One example of this is the work we do across schools in Dundee.



## Our Work With Schools in Dundee



Throughout 2023 and 2024, we continue to support students across Dundee by working with schools to facilitate self-harm support. We now provide support to students in 8 schools across Dundee, with referrals increasing throughout the year. We established relationships with these schools by meeting with senior members of the school as well as their guidance and teaching staff, explaining what support we provide and why it is important.

Whilst referrals often come via the school or parents or guardians, and we normally provide the support in a space provided by the school, we work to ensure students feel support is their choice and directed by them and their needs. Students can struggle to engage with support so we continue to adapt our support to be more engaging and creative. We have done this using activities like drawing, music, storytelling and crafts to help students understand and express their feelings. These also provide creative outlets for students to manage their emotions, such as using them as a distraction from thoughts of self-harm.

Over the summer break we see an increase in remote support to students, though we have found that young people really value face to face support. As such, in the summer of 2024 we plan to also trial group support for young people, providing 6 in-person support sessions over the break.

[1] Whilst we require people to provide their age to access support as our service has an age restriction, for 33 people their age was not recorded. 25 of these individuals never entered active support, and sometimes we have to obtain the age of a supported person once support begins due to age not always being provided at referral, so this could explain why age was not recorded for these 25. For 8 supported people, however, they had at least once support call but their age has not been recorded. This has been highlighted internally and is being addressed.

[2] See the Q2 SHNS Internal Report or contact the Impact & Evaluation Lead for SHNS.

## How they feel

### ***Supported People***

When anyone receives support through the SHNS, we aim to make them feel:

- Safe and that they can trust the service
- Heard and genuinely cared about
- Respected and trusted

By gathering feedback, both through our End of Service Feedback form as well as ad hoc feedback, and working with supported people to share their recovery stories, we can see many supported people feel safe, heard, cared about, respected, and that they can trust us and we trust them.

Of the 62 supported people who completed our End of Service Feedback form in 23-24:

- 100% said our staff did what we said we would do. By doing what we said we would do, we can create trust between the supported person and the service.
- 100% said they were treated with kindness and dignity. By treating supported people with kindness and dignity, we aim to show them we care about them and respect them and their experiences.

The current wording of the End of Service Feedback form is slightly misaligned with our aims as a service. For example, "kindness and dignity" instead of "being heard and genuinely cared about" and "being respected and trusted". This form is Penumbra-wide, so we cannot currently change the wording as an individual service, but work is being undertaken in Penumbra to better align the wording of the Feedback Form to our aims as an organisation. By doing so, in future we can hopefully better directly evidence our aims using the End of Service Feedback form.

In the 62 feedback forms, we received 26 positive free text comments. In these, we have evidence that people felt heard, cared about, safe, and they trusted us. Each quote is from a different supported person.

"The [peer practitioner] Really listened to me"

"I felt listened to and in control. [...] I felt I got the support I deserve"

"I felt listened to and was in control of my support"

"I feel that the senior practitioner had a deeper understanding of my issues which made it so easy to share my issues"

"It's great to be understood and never judged"

"the peer support aspect [...] made it a much more relatable service that genuinely understood my challenges and could offer real compassion and empathy."

"I feel [the peer practitioner] really listens to every word I have to say and I feel heard. I felt that my [peer practitioner] was someone I could talk to, I didn't feel judged."

"[The peer practitioner] was kind and patient at all times [...] Your service was there for me when I most needed it and I couldn't find any other support."

There were 10 comments suggesting improvements. 7 of these were saying they would have liked more support sessions, but some of these reflected that this was because they felt comforted by the support and they were nervous to leave as the service

acted as a "safety net". One said they would have liked to meet the peer practitioner in person, but they did appreciate the video call support. One said they felt a better location could be used for face-to-face support as they found the location used could be busy and noisy. Lastly, one said we should "make sure support is consistent", but they did not elaborate.

We also received ad hoc feedback from supported people as well as professionals who also support these individuals as they wish to share how our support makes people feel and the positive impact it has.

*"I referred the young person to Penumbra [...] After the initial session with [the peer practitioner] the young person instantly felt at ease and was able to open up about their feelings. The young person felt listened to and validated during these sessions" - Family Support Worker*

*"You've been so friendly. You listened to all my problems. You never judged me." - Supported Person*

*"After being signposted to your website [the] mum understood her daughter's self-harm for the first time and was able to approach her daughter, talk to her, be open and honest and create a safe space for them both to talk about it. [The] Mum also showed [her] daughter your website and she also used it to greater understand her use of self-harm which she then explained to [her] mum. [...] It has made a very real and positive difference to this family" - Parentline Staff Member*

## **Professionals**

We aim to make everyone feel safe, trusted, respected and listened to, not just those we support directly with self-harm.

Of the 269 professionals who provided feedback on Self-Harm Awareness Training in 23-24:

- 95% strongly agreed the trainer encourage discussion and reflection (the other 5% agreed, except for 1 professional).
- 95% strongly agreed the trainer was respectful of participants views and experiences (4% agreed).
- 96% strongly agreed the trainer created a supportive environment for participants to share their experiences (3% agreed).



Further comments in addition to the feedback above highlight how our Practice Development Team endeavour to make our courses safe, respectful and welcoming spaces for discussion and learning:

*"I thought the session may be very triggering for me, and was pleasantly surprised that it wasn't and I think that was down to how it was facilitated and how safe I personally felt within the group."*

*"The trainer was very skilled in bringing this difficult topic to life in a very compassionate way while still creating space for an engaging and enjoyable day."*

*"[The trainer] created a safe and comfortable environment for the training to take place. We were welcomed to share lived experiences if we felt able to and when someone did, it was handled sensitively."*

*"the trainer was very engaging, knowledgeable and respectful when people asked questions throughout the training."*

*"Useful and light while talking about a difficult subject. Not shying away from it but addressing it without judgement and in a friendly way."*

*"I was a little apprehensive before taking the course as I have lived experience of family members who self-harm, and also suicide, but [the trainer] created a safe space with the option to take a break. In the end I didn't need to because it was handled so well."*

## **What they learn and gain**

When people access support and seek guidance from SHNS, our goal is that they gain the following:

***I understand myself and my situation better, and gain practical and emotional support.***

*Supported People*

**Supported People - How we helped them understand themselves and their situation with practical and emotional support**

"this service was never about stopping me to self-harm, it was all about understanding self-harm and learning healthier coping techniques, this could only happen from someone with lived experience"

"I know it's self-harm support but it really helps make a clearer picture of everything. I feel like an entirely different person. All the tools and tips [the peer practitioner] has shown me has really helped to make a massive difference in my life and I wouldn't be the way I am today if it wasn't for this service."

"[The peer practitioner] showed me how to see myself as stronger, more talented, and better in general. I am still learning, but already know the new feeling of accepting myself as I am."

"The tools and techniques that [the peer practitioner] gave me I still use to this day. [...] I already share the tools I have learnt with my friends and recommend the service as much as I can."

"[the peer practitioner] was amazing at bringing me back and helping me realise just how far I had come. I think it's easy to feel like you haven't improved much, but when we did a final questionnaire together and compared it to my first, it was amazing to see how much I had improved."

\*The above quotes were given by supported people via our feedback form and recovery stories.

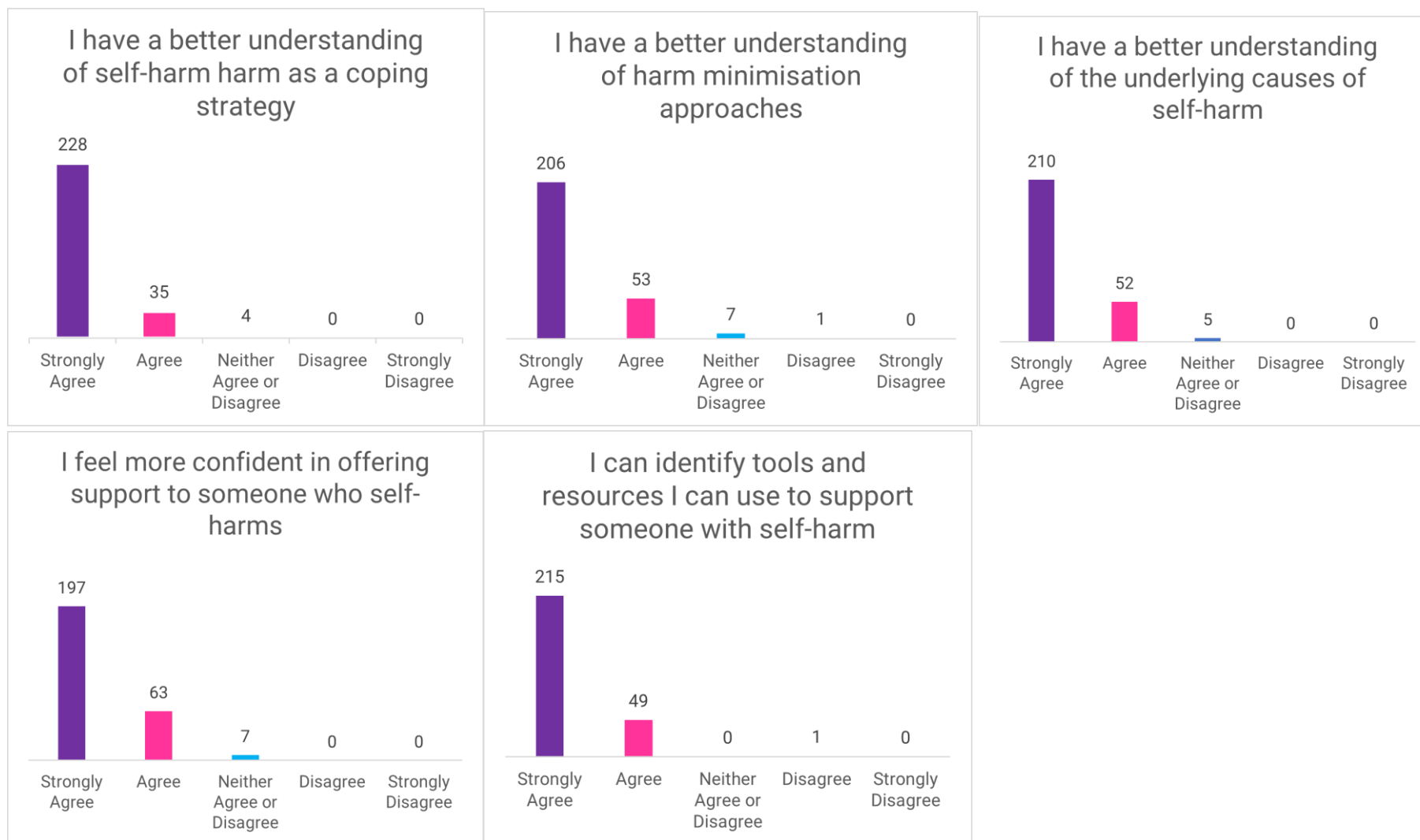
During 1-on-1 support, our Peer Practitioners have and continue to provided supported people with tools and knowledge to support people to understand self-harm and develop the skills to manage their self-harm. We have done this in several different ways:

- SHNS Toolkit information, such as What is Self-Harm, Functions of Self-Harm and the Cycle of Self-Harm, and SHNS Toolkit tools, such as the Self-Harm Diary, Affirmations, Traffic Light Tool, Things That Lift Me Up, Things That I Treasure, and Talking Heads. These information pieces and tools are used to help supported people understand and manage their self-harm and emotions. In the 1523 support sessions held in 23-24, tools and information from our SHNS Toolkit were mentioned 849 times in session notes. The most frequently mentioned tool was the Affirmations tool, with 226 mentions [1].
- Safety planning practices are also in place to ensure the safety of the supported person. This is done by completing the SHNS Safe Plan with the supported person. We also provide basic First Aid tips to help with harm reduction.
- I.ROC (Y.ROC for young people) is used to map the recovery journey of supported people, helping them understand where they were at when they joined support and where they get to as support goes on, highlighting areas of their life they wish to focus on and showing how their feelings about these areas change during support. 79 Baseline I.ROCs/Y.ROCs were completed in 23-24, which is 31% of supported people who entered active support. 32 follow-up I.ROCs/Y.ROCs were completed, so 41% of those who completed a baseline completed a follow-up. This is quite a comparatively low uptake of I.ROC/Y.ROC, but this is partially due to those who have been supported by our online team not utilising I.ROC/Y.ROC as standard. This was because support via this route was originally 1 to 5 sessions and as such I.ROC/Y.ROC was not suitable. We now offer up to 12 sessions with our online team (as we do in the locality teams), so going forward I.ROC/Y.ROC will be offered where appropriate to those who are supported by the online team.
- We also help with signposting and referrals for support outwith what we can provide. When supported people exit support, we record if there has been any onward signposting during support. 139 Exit Forms were completed in 23-24, with 39% of these supported people being given onward signposting [2]. Signposting was widely varied, suiting the needs of the individual. 25 different organisations/services were signposted to. Examples include Childline, Samaritans, Breathing Space, Cruse Bereavement, Differabled, NHS24, NHS Inform, Mens Shed, Calm-harm app, The National Autistic Society, and their local GP.

Throughout support we provided a wide variety of emotional and practical support, and feedback shows that it is having a positive impact on many of those we support, who continue to use the skills they learned and knowledge they gained.

### *Professionals*

We also enable professionals who work with people who self-harm to have a better understanding of self-harm and those who self-harm, as well as give them tools to support those who self-harm. The key way we do this is through our Self-Harm Awareness training. We trained 1642 professionals in 23-24, with 269 completing our feedback form. Of those:



Of the professionals who completed our feedback form, almost all agreed or strongly agreed that we helped them have a better understanding of self-harm and those who self-harm and gave them practical support to better support those who self-harm.

*"[the training] was so informative and should be available to everyone as it gives a better understanding on self harm." - Professional*

*"It was very insightful training and definitely opened my eyes to self harm and the best ways to try and support people using this method as a way of coping." - Professional*

*"I feel more comfortable, confident and competent supporting people who are planning, or, who have self harmed." - Professional*

*"I thought I knew what constituted as self harm, but this training session highlighted so much more. It makes you stop and think." - Professional*

Whilst highly positive, this only constitutes a small proportion of those who completed the training in 23-24 (16%). Work is being doing in the SHNS team to improve feedback rates for our training.

### ***I have increased control of my life and wellbeing.***

We support people to have increased control of their life and wellbeing both during support and outwith support. During support, as a service we make support person-centred, ensuring support is directed by the supported person (with guidance from the Peer Practitioner).

When people complete support, in our Feedback Form we ask if they felt in control of what and how support was provided. Of the 62 who completed the form, 90% said "all of the time", 8% said "most of the time" and 2% said "some of the time".

Outwith support, we aim to help people to have greater control over their life and their wellbeing. One indicator we look to as part of I.ROC/Y.ROC is "Participation & Control" and if supported people feel as if they have control over their life and wellbeing. Between the baseline and follow-up I.ROC/Y.ROC, "Participation & Control" increased by 1.35 points for I.ROC and 0.3 points for Y.ROC on average (people are asked to give a score from 1 to 6, 6 being highest). These increases shows that, on average, as support went on supported people felt more in control of their life and wellbeing. This was more impactful for adults than children and young people, however, with Y.ROC only seeing a small positive change compared to I.ROC.

In the comments attached to the scores, of the 34 supported people who completed a follow-up I.ROCs/Y.ROCs, 38% reported feeling like they were more in control of decisions in their life. For 12% it depended on who they were interacting with or depended on the area of their life. Another 12% did not feel more in control and felt they did not have agency over their life. For the other 38% no comment was provided.

*"Overall, the whole process has changed me in how I deal with those feelings of self-harm when they arise, and the confidence in myself to know that I can deal with them." - Recovery story*

Whilst many supported people express feeling in control of SHNS support, whether they also feel more in control of their life and wellbeing is more mixed. Many feel more in control of their life, having greater participation in decisions in their life, some do not feel more in control of their life and wellbeing. Young people we support in particular saw only a small positive increase in participation and control of their life and wellbeing.

### ***I have hope and a sense of direction.***

We aim to help people find hope and a sense of direction throughout their recovery journey. One indicator we have is through I.ROC/Y.ROC, which has indicators for "Hope for the Future", "Purpose & Direction" for I.ROC and "Meaningful Activity" for Y.ROC. Between the baseline and follow-up I.ROC/Y.ROC for the 34, on a scale from 1 to 6 [3]:

- Hope for the Future increased by 1.18 points on average for I.ROC. The average went from 2.88 to 4.06 out of 6, making it the indicator with the 4th greatest increase.
- Hope for the Future increased by 0.99 points on average for Y.ROC. The average went from 2.73 to 3.72 out of 6 and it was the indicator with the 2nd greatest increase.
- Purpose & Direction increased by 1.24 points on average for I.ROC. The average went from 2.82 to 4.06 out of 6 and it was the indicator with the 3rd greatest increase.

- Meaningful Activity increased by 1 point on average for Y.ROC. The average went from 3 to 4 out of 6 and it was the indicator with the greatest increase.

These increases show that between the start and end of support, people felt they had more hope for their future, and they had more purpose and direction (or in case of young people, they felt activities they did had more meaning). Whilst the increases appear small, our scale is from 1 to 6, with 6 being the highest, so an increase of 1 point is significant.

An analysis of all the comments for the 34 supported people who completed a follow-up I.ROCs/Y.ROCs at the end of support, under "Hope for the Future":

- 47% expressed hope and excitement for future plans as well as having more mental resilience.
- 21% expressed some hope, but it depended on what it was for, e.g. having hopes and goals for the future, but still feeling uncertain and anxious if these can be achieved.
- 9% still struggled to have any hope for the future.
- 24% had no comment recorded.

Under "Purpose & Direction" for I.ROC and "Meaningful Activity" for Y.ROC:

- 35% felt they had more purpose and were taking part in more activities, such as socialising, doing hobbies, and applying for new jobs.
- 24% had more mixed responses, having purpose in some of their life, or engaging in some meaningful activities, but feeling they lack direction or motivation in other areas.
- 21% expressed lack of motivation or purpose and did not feel they were undertaking any meaningful activities.
- 20% had no comment recorded.

The comments provided as part of I.ROC/Y.ROC provide a more varied picture, with the majority seeing a positive change across "Hope for Future", "Purpose & Direction" and "Meaningful Activity" in all or part of their life, but a proportion did not see positive



changes in these areas. Overall, many of those we support have more hope for the future and a greater sense of direction, but this is not the case for everyone we support.

In addition to I.ROC/Y.ROC, we have had several supported people provide feedback that they have more hope for the future and purpose in their life. This can be seen in our Recovery Stories, where supported people have shared their lived experience journey. The supported people speak of the challenges they faced, positive steps they took to overcome these, and how SHNS contributed to this.

You can read further stories of people's increased hope for the future under "What Difference Does this Make?".

### ***I.ROC/Y.ROC Important Point of Note***

Whilst the I.ROC and Y.ROC data above has helped our understanding of peoples recovery journey in relation to different areas of the HOPE Framework, given only 31% of people who entered active support completed a baseline I.ROC/Y.ROC, and only a further 41% of these individuals completed a follow-up, any conclusions which can be drawn from this data are limited as it is only representative of a small proportion of those we support. This is why the progress in these areas are limited as we are currently drawing conclusions based limited data.

[1] These numbers should be taken as an indication and not an exact representation of how often our tools were discussed. This is because this data was summed from support session notes, and the Peer Practitioner and supported people may have utilised the tools, but this was subsequently not recorded in the contact notes, or the tool was mentioned more than once in the written note for a session.

[2] For some supported people an Exit Forms was not recorded when the supported person has left. Work has been done to tackle this, providing clearer guidance and monitoring. This means, however, that the number of Exit Forms is slightly smaller than the number of supported people who left active support (159).

[3] For example, supported people are asked if they feel hopeful for the future and asked to choose a number on a scale of 1 to 6, with 1 representing “never”, 2 - “almost never”, 3 - “sometimes”, 4 - “often”, 5 - “most of the time”, and 6 - “all the time”.

## What they do differently

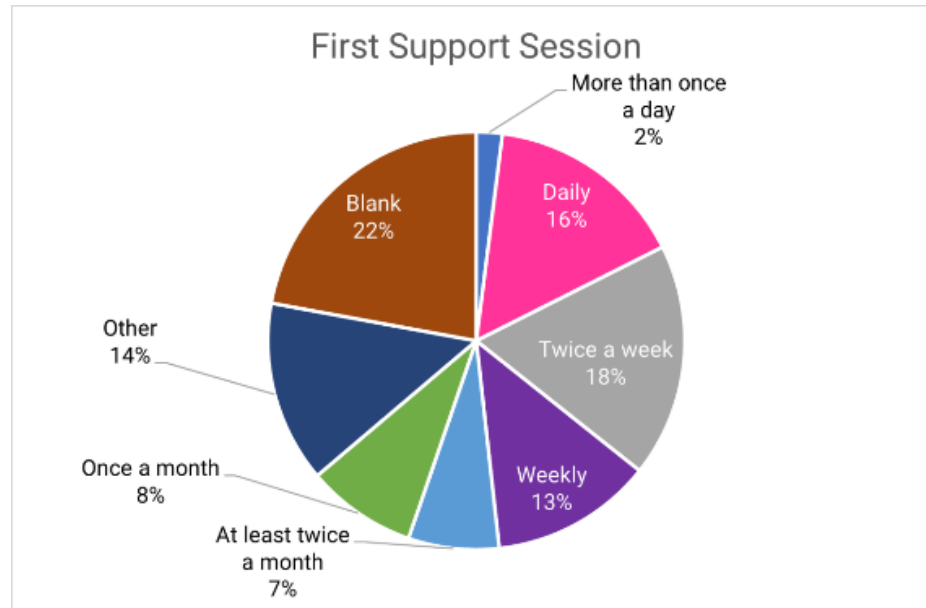
Through support, we want to help people to do the following:

***I use my skills and knowledge to support my wellbeing, whilst also asking for help when I need it.***

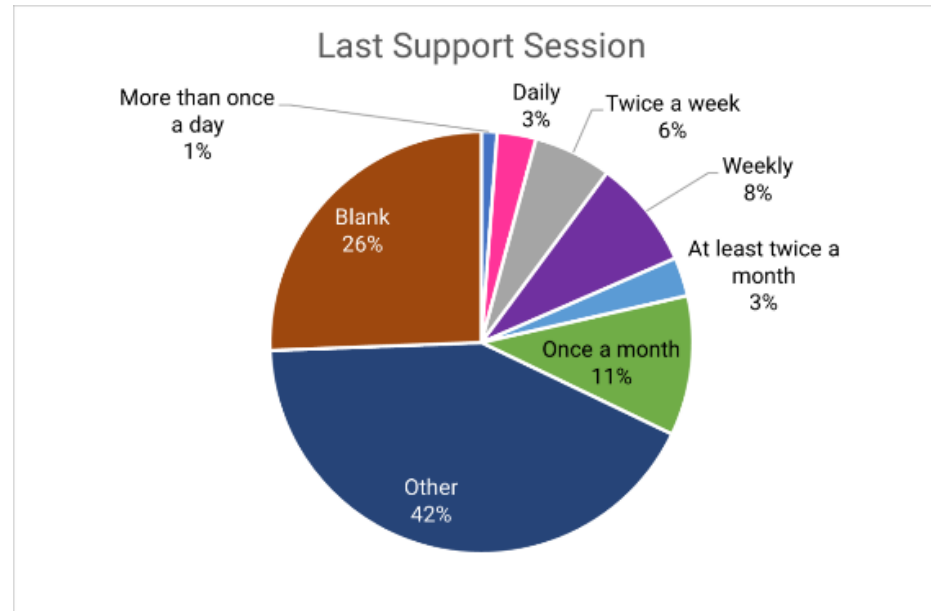
Through support we help people to develop the skills and knowledge to manage their own wellbeing. We also support them to recognise when they need help and to have the confidence to ask for it.

By monitoring frequency of self-harm, we can see if supported people are increasingly able to manage their self-harm as support goes on. Supported people are given the opportunity to tell us their frequency of self-harm at each support session (the question is optional and not all provide an answer).

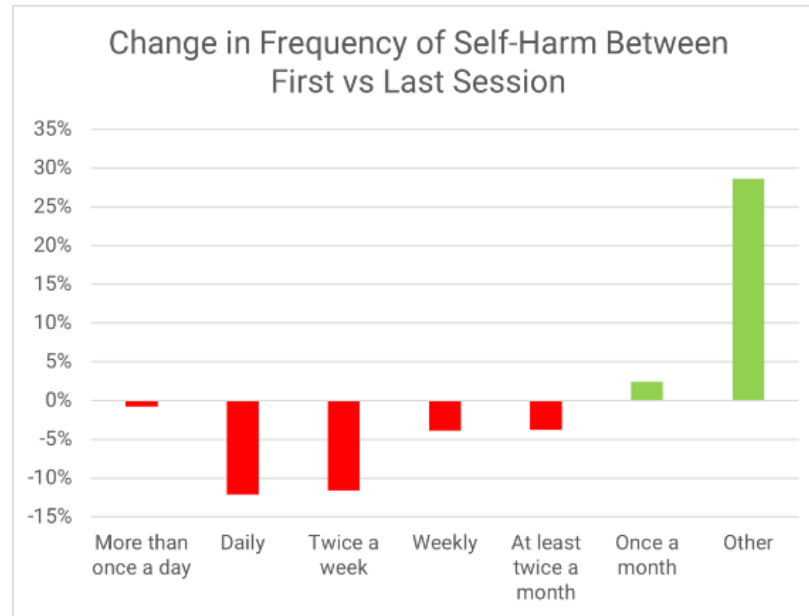
*Changes in the frequency of self-harm*



We recorded 205 first support sessions in 23-24. Of those, apart from those who did not provide a response ("blank"), twice a week was the mostly commonly reported frequency of self-harm.



By the last recorded support session (168 "last" support sessions were recorded in 23-24) [1], supported people were much more likely to report self-harming less frequency, and we saw a large increase in people reporting "other".



Between the first support session and the last attended support session, supported people on average reported self-harming less frequently. We saw decreases in people reporting self-harming more than once a day, daily, twice a week, weekly, and at least twice a month. We saw a small increase in people reporting self-harming once a month, but for some this was because they were self-harming less overall (e.g. instead of self-harming weekly, it was now only once a month). We also see a very large increase in "other". Of the 71 who reported "other" in the last support session, 52 had not self-harmed in over a month (and for several it had been over 2 months). 10 used "other" to record either increased or varied frequency of self-harm. For the other 9, no further information was provided, or the information provided was unclear.

“ [the supported person] learn positive strategies to cope with her emotions and gradually the [...] self-harm began to decrease [...] The young person voiced that they now felt able to manage their emotions should they have more adverse experiences in the future. ”

From a Family Support Worker about a Supported Person they had referred to

SHNS

“ I still have thoughts about self-harming and have bad days but I am now able to recognise the signs and will use distractions and be kinder to myself. ”

Courtney's Recovery Story - Can be viewed on the SHNS Website



Tommy's Recovery Story - Can be viewed on the SHNS Website

As part of our End of Service Feedback Form, we ask two questions:

- I have stopped/reduced self-harming and found other ways to cope
- Did you find the sessions helpful in managing your distress and self-harm urges?

Of the 62 supported people who completed our End of Service Feedback form in 23-24:

- 87% had stopped or reduced self-harming and found other ways to cope. 10% said they had not, but they still rated support very highly and over half of them said they found the sessions helpful in managing their distress and self-harm urges. 3% did not answer the question.

- 79% found the sessions helpful in managing their distress and self-harm urges. The other 21% did not provide a response, but this was partially due to this question being added at a later date so for some this question was not part of the form.

Across 1-on-1 support we see supported people self-harming less frequently, finding other ways to manage their self-harm and distress. This suggests the skills and tools provided through our support help people manage their wellbeing and thoughts of self-harm.

***I am open to new opportunities, engage with the world around me, and maintain and build good relationships.***

By helping people manage their self-harm and improve their mental wellbeing, we subsequently aim for supported people to feel more empowered to open up to new opportunities, engaging with the world around them. We also hope supported people feel empowered to maintain and build good relationships.

This is an area we currently have limited evidence for, so it is difficult for us to say with confidence our support is contributing to supporting people opening up to new opportunities, engaging with the world around them, and maintaining and building good relationships. Whilst supported people frequently speak to us about their engagement with the world around them (e.g. work, education, social settings) and their relationships (e.g. partners, family, friends) and the Peer Practitioner acts as an empathetic and active listener, whether we contribute to changes in these areas had been harder to evidence.

We do have feedback from supported people, which is highly positive:

*"I'm coping better and feel like I'm starting to challenge myself more. I'm even thinking of booking a flight to go on holiday with my daughter, something I could never have done before. I feel more hopeful for my future." - Recovery story*

*"I haven't self-harmed in two and a half months and have seen a massive improvement with my moods and confidence. I've even managed to take some trips outside of Elgin. All of this wouldn't have been possible without Brogan's support." - Recovery story*

Direct feedback on this area is still limited, however.



When people leave support, we record what goals supported people set out as well as what goals they achieved. This record was completed for 137 supported people who left support in 23-24. In 17 of these there was explicit mention of the supported person achieving a goal in relation to opening up to new opportunities, engaging with the world around them and/or maintaining and building new relationships. Goals achieved included [2]:

- Increased engagement with school, with improved behaviour and engaging in extracurricular activities.
- Supported people feeling more able to communicate their feelings and needs to others, improving personal relationships.
- Attending community groups
- Improved family relationships, and improved relationships with others by setting boundaries and having more understanding and compassion when interacting with others.
- Beginning further education at college/university and moving home to do so
- Increased confidence when outside of their house and interacting with people
- Beginning work experience
- Socialising more with friends

We can see from the goals achieved that for a proportion of people our support has contributed to people achieving their goals of engaging more with the world around them and improving relationships with others. 17 people is a small proportion in comparison to the number of supported people leaving support but does show for some people we are a positive contribution towards this area.

[1] By "last support session" we mean the last support session a supported person attended before leaving support. We did not include those who only attended 1 support session, but we included all those who attended at least 2 support sessions regardless of whether they had a planned exit from support or they disengaged. This number of "last" sessions does have the limitation that what ends up being the last session is not always recorded in our system as "last". This is because, particularly for those who

disengage, it is not intended to be the last session so it is not recorded as such. For this data analysis, if the last recorded support session in our system for a support person happened at least 6 weeks prior to the end of the recording period (31st March 2024) and no other session was recorded since, it was considered the "last" session for reporting purposes.

[2] This is not a complete breakdown of the goals achieved by the 17 individuals. Instead goals have been generalised and in some instances combined when goals achieved were very similar to ensure anonymity.

## **What difference does this make?**

Through the support we provide, we aim for supported people to have and feel the following:

### ***I have increased hope for my future.***

One way we can see if supported people have increased hope for their future is through I.ROC/Y.ROC. This was already presented under "What they learn and gain", so we will not repeat it in this section.

Another way we see if supported people have increased hope for their future is through feedback. Through our different feedback channels, supported people are given the opportunity to feedback how support has impacted them. Many expressed having a brighter outlook and increased positivity:

“ “  
I can honestly say that [the peer practitioner] has changed my life and that I wouldn't still be here without her help. [...] I think the work that you do is invaluable and hope one day to be able to help others in the way it has helped me.  
” ”

“ “  
I can't thank my [peer practitioner] enough for helping me over the last few months. She's made me see things differently and all I've learned will help me in the future.  
” ”

“ “  
I never thought I'd get here [peer practitioner]. But thanks to [the peer practitioner's] support and showing me new skills and giving me a new outlook I have. I've made it.  
” ”

“ “  
I'm now more positive about the future and look forward to doing other things. I recognise that I'm ill, but I now have the coping mechanisms to deal with any suicidal tendencies and thoughts I may have. I want other people that are sitting in a dark place to know that there is a service out there that can help you get out of that dark place.  
” ”

“ “  
You've brought some blue sky into my life again when all I saw at the beginning was black clouds. I will always remember how much of an impact you have made to my life.  
” ”

We can see from the I.ROC/Y.ROC data and the impactful feedback supported people have told us that many we support have increased hope for their future after leaving support. By helping them understand and manage their self-harm and the emotions associated with their self-harm, we have played a contributory part in people's recovery journey with many having increased hope for their future. Not all we support, however, leave our support with increased hope for their future and no recovery journey is straight forward, but evidence suggests we are playing a positive part.

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

Looking back to I.ROC/Y.ROC, we also discuss Mental Health and Self-Management. When we discuss Mental Health as part of I.ROC/Y.ROC we ask supported people how often they have felt mentally and emotionally healthy, happy and well. For the 34 who completed a baseline and follow-up I.ROC/Y.ROC, between the baseline and follow-up I.ROC/Y.ROC on a scale from 1 to 6:

- Mental Health increased by 1.44 points on average for I.ROC. The average went from 2.44 to 3.88 out of 6, making it the indicator with the 2nd greatest increase.
- Mental Health increased by 0.78 points on average for Y.ROC. The average went from 3 to 3.78 out of 6, making it the indicator with the 3rd greatest increase.

An analysis of all the comments for the 34 supported people who completed a follow-up I.ROCs/Y.ROCs at the end of support for "Mental Health" showed:

- 35% expressed that their mental wellbeing had improved, with several self-harming less and feeling more positive in themselves.
- 29% had more mixed responses, experiencing more fluctuating mental wellbeing. They felt that their mental wellbeing had improved, but they still struggled at times.
- 12% still struggled with low moods and did not feel their mental wellbeing had improved.
- 24% did not provide a response.

We also discuss Self-Management as part of I.ROC/Y.ROC. We ask supported people how often they felt able to manage their own wellbeing. For the 34 who completed a baseline and follow-up I.ROC/Y.ROC, between the baseline and follow-up I.ROC/Y.ROC on a scale from 1 to 6:

- Self-Management increased by 1.12 points on average for I.ROC. The average went from 3 to 4.12 out of 6.
- Self-Management increased by 0.42 points on average for Y.ROC. The average went from 2.91 to 3.33 out of 6.

An analysis of all the comments for the 34 supported people who completed a follow-up I.ROCs/Y.ROCs at the end of support for "Self-Management" showed:

- 32% expressed feeling better able to manage their emotions, and being more open and confident in seeking help when they need it.
- 21% expressed some struggles with motivation with managing their emotions and everyday life, but they also knew how to reach out for help and they did look after themselves more than previously.
- 15% still struggled to manage their mental wellbeing.
- 32% did not provide a response.

Overall, between the start and the end of support, most supported people saw at least some improvement in both their mental wellbeing and ability to manage their own mental wellbeing. There was a slightly greater improvement for adults (I.ROC) than young people (Y.ROC), but on average both saw improvements. Some, however, still struggled with low mood and did not feel able to manage their mental wellbeing. Also, the I.ROC/Y.ROC evidence is limited because it only represents a small proportion of those who entered active support (see I.ROC/Y.ROC Point of Note under "What they do differently"). However, when combined with feedback, we are able to better evidence progress towards this aim compared to other aims.

We do continue to receive positive feedback that supported people feel their mental wellbeing is improved and they feel more able to cope without needing to self-harm or self-harm as frequently. We can see this throughout the feedback quoted in this Impact Report, as well as the ones below.

*"[My peer practitioner] showed me how to see myself as stronger, more talented, and better in general. I am still learning, but already know the new feeling of accepting myself as I am." - Supported Person*

*"I have reduced self-harming and found other ways to cope, not self harmed for quite a while and am feeling proud of myself." - Supported Person*

We also saw, as can be read under "What they do differently" that the majority those who provided End of Service feedback had reduced self-harming and found other ways to cope, feeling more able to manage their distress and self-harm urges. So, for many of those we support, they have improved mental wellbeing and skills to cope. Whilst this is the case for many we support, this is not the case for all we support and SHNS must continually monitor this so we can understand where we can improve the support we give.

### ***I feel more connected with others.***

Under "What they do differently" we see that supported people achieved goals which relate to being more connected to others, such as improved personal relationships, socialising more, attending community groups, and increased confidence when interacting with others generally. As was noted, however, we have less evidence that supported people feel more connected with others due to our support, so it is harder for us to say with confidence that we contribute to this feeling.

One way we can see changes in how people feel when connecting with others is through I.ROC/Y.ROC. As part of I.ROC/Y.ROC, we ask people about their Personal Networks and Social Networks. When we ask about Personal Networks, we ask supported people if they felt they had people/friends/loved ones who could support them if needed. When asking about Social Networks, we ask supported people how regularly they have taken part in community or group activities. For the 34 who completed a baseline and follow-up I.ROC/Y.ROC, between the baseline and follow-up I.ROC/Y.ROC on a scale from 1 to 6:

- Personal Network increased by 0.88 points on average for I.ROC. The average went from 3.41 to 4.29 out of 6.
- Personal Network increased by 0.45 points on average for Y.ROC. The average went from 3.27 to 3.72 out of 6.

- Social Network increased by 0.06 points on average for I.ROC. The average went from 2.94 to 3 out of 6, making it the indicator with the lowest increase.
- Social Network increased by 0.44 points on average for Y.ROC. The average went from 2.73 to 3.17 out of 6.

For Personal Network, analysis of the comments in the follow-up I.ROC/Y.ROC for the 34 supported people showed:

- 44% of supported people reported having people around them who could support them if needed.
- 24% had at least one person who they felt they could go to for support if needed, but others in their life were not as supportive.
- 6% had no one they felt they could go to for support in their personal network.

For those who did have at least one person they could go to for support in their personal network, it is not always clear if they are now "more" connected or if they always had this connection. 5 supported people did report feeling more comfortable and able to speak to those around them for support than they had previously, but for the others it was not clear if this was a change or a continuation.

For Social Network, analysis of the comments in the follow-up I.ROC/Y.ROC for the 34 supported people showed 34% had taken part in community activities or socialised generally. Again, it was not certain if they were doing this more than they used to or if they had always engaged in the community and socialised. 32% either did not take part in groups/socialise or had used to but stopped doing so. Reasons were mixed, with some saying they had no interest in socialising and preferred their own company, but others spoke of feeling left out and not belonging.

Whilst we see some improvement in how people feel about their personal and social networks, and they speak of interacting with others and feeling they can go to others for support, it is often not clear if they are doing this more than they had previously. Also, for some they still struggle to feel connected to others and do not like or feel comfortable socialising and interacting with others. Also, as raised previously, the I.ROC/Y.ROC evidence is limited because it only represents a small proportion of those who entered active support, and it currently our main source of evidence for these aims. As such, this is an area for SHNS to focus on further, to see if we can help supported people feel more connected with others and more comfortable and confident to connect with others.

## ***Personal Goals***

Importantly, a main aim of our support is to help people set goals which matter to them and support them to progress towards these goals. Goals are personal to the individual, and whilst many are about reducing their self-harm and finding other ways to cope, many also relate to their life and wellbeing generally. 139 Exit Forms were recorded for people who left support in 2023-2024 [1]. Of these:

- 53% of supported people achieved some or all of their support goals.
- 17% did not achieve any of their support goals. 17 of the 24 who did not achieve any of their support goals disengaged from support and as such we cannot be certain if they achieved any goals or not as we could no longer make contact with them. For the remaining 7 they left support as they did not feel it was right for them at that time or did not find the form of support beneficial to their needs.
- For 27% of supported people, the information recorded was neutral. For 13 out of the 38 they were given and engaged with the tools and information provided, but it was not clear if they also or subsequently achieved the goals set. 12 of these individuals did not engage past the initial referral or initial contact call to arrange the start of support, so goal setting did not take place. For 5, different support was needed or they were temporarily supported by us before moving on for support at one of the other Penumbra self-harm services. For 6 they either did not wish to set goals or they did not later discuss their goals.

Due to recording issues, the above numbers are based on 87% of those who left support in 2023-2024, so they can only be taken as fully representative of all those who left support in this time. But it is a strong indication of how many we support subsequently achieve some or all of the goals they set as part of SHNS support. We see many supported people achieving some or all of their support goals, however we do have a proportion who leave support either without achieving their goals or us having no clear indication they achieved their goals. We hope to support a greater number of people to achieve some or all of their support goals in future, and we will continue striving towards this.



[1] As noted previously, for some supported people an Exit Forms was not recorded when the supported person has left. Work has been done to tackle this, providing clearer guidance and monitoring. This means, however, that the number of Exit Forms is slightly smaller than the number of supported people who left active support (159).

# Website and Live Chat - pathway progress



# Website and Live Chat - summary findings

## What we do

When people use the information and tools on the portal and the Live Chat, we aim for supported people to have/do the following:

### ***I have meaningful conversations about where I'm at.***

Through the Live Chat, we support people in need of immediate support for their self-harm and distress. Part of this support is having meaningful conversations about where they are at so we can quickly understand how they feel in that moment and what we can do to help with their self-harm or thoughts of self-harm.

Unlike in our short term 1-on-1 support, whilst we discuss self-harm we do not explicitly ask about the frequency of self-harm but rather we record it if it is discussed. Most supported people (72% of the 176 recorded Live Chats [1]) did not specify the frequency of their self-harm. Given it is a specific question from the peer practitioner during short term 1-on-1 support (it is optional for supported people to answer, but the majority do provide it), but in the Live Chat it is not, supported people do offer this information if prompted but do not if not prompted. Also, since the Live Chat is a short-term distress-based support, for many supported people their focus is on the immediate challenges they are facing at that moment as opposed to wider considerations about their self-harm.

As with the frequency of self-harm, we discuss self-harm but we do not explicitly ask about the type of self-harm but record it if it is discussed. In 34% of the 176 recorded Live Chats the type of self-harm was not discussed. As with the short term 1-on-1 support, cutting themselves was the most commonly reported form of self-harm with 43% reporting cutting [2]. Other frequently mentioned forms of self-harm included burning themselves, hitting themselves, alcohol misuse, overdose.

In addition to discussing self-harm, we utilise the HOPE Framework to better understand what challenges may be contributing to their self-harm. Of the 176 Live Chat conversations, outside of self-harm, the top 3 most discussed topics were mental health (mentioned in 46% of chats), emotional distress (mentioned in 36% of chats), and suicidal thoughts (mentioned in 28% of chats). Whilst the conversations in the Live Chat tended to be about the same areas of the HOPE Framework as 1-on-1 support, a notable difference was suicidal thoughts. In the Live Chat it the 3rd most discussed topic whereas it was the 9th most discussed topic during the first support session for 1-on-1 support (see "What we do" for One-on-One Short-Term Support). This aligns with our expectations of the Live Chat being a service for those in immediate need of self-harm and distress support.

By speaking with people on the Live Chat about their self-harm and the wider challenges they are facing which can contribute to their thoughts of self-harm our SHNS team are able to understand where the supported person is currently at and what we can do to help them in that moment and going forward.

***I have meaningful conversations about what matters to me and where I want to get to.***

A sample of 15 Live Chat support conversations were examined for evidence of meaningful conversations between the supported person and SHNS team member about what matters to the supported person and where they wanted to get to. In 6 out of the 15 chats, the SHNS team member encouraged discussion of what mattered to the supported person, asking what they currently enjoyed or found helpful when feeling distressed or low. The SHNS team member would then encourage the supported person to try these doing what they enjoyed or found helpful to help calm them down and distract them from thoughts of self-harm.

In addition to the Live Chat, we provide free to use tools online to help supported people identify what matters to them and how they can use these to help them through difficult emotions. Since launching the SHNS website these have been viewed and downloaded many times:

- Things That Lift Me Up (435 views, 250 users, 40 downloads) - This tool helps people identify what cheers them up and distracts them from bad thoughts when they are struggling.
- Things That I Treasure (189 views, 131 users, 16 downloads) - This tool helps people build a "treasure chest" of things that are important to them and can help them feel better and safe when they are feeling low.

Discussion of where the supported person wanted to get to, however, is less evident for the website and Live Chat. It was not evident in the 15 Live Chat sample. The support conversations were instead focused on the immediate needs and feelings of the supported person and what can help them at that moment. Forward planning was evident in the chats, but this was related to next steps such as a referral to support services or completing toolkits to help with the self-harm urges. It was not a discussion of wider goals for the supported person. This is not necessarily unexpected, as the purpose of the Live Chat is to provide immediate intervention support for self-harm and associated distress. It is often not appropriate or helpful to turn discussion to longer-term goal setting when in a one-off conversation with someone with high levels of distress. Instead, this is where signposting to our 1-on-1 support comes in as this support can facilitate these wider conversations.

We do have indication we support people to have meaningful conversations with us, with others or with themselves about what matters to them, but this evidence is still limited and will hopefully grow as the number of Live Chat conversations increases. We do not have indication that we are facilitating conversations about where people want to get to via the website or Live Chat, but due to the short term and high distress nature of support, this is not necessarily unexpected. It is still important, however, and we will aim to facilitate these conversations where appropriate and possible on the Live Chat. Ongoing sampling and analysis of Live Chat conversations will be necessary to improve our understanding of this aim with relation to the Live Chat.

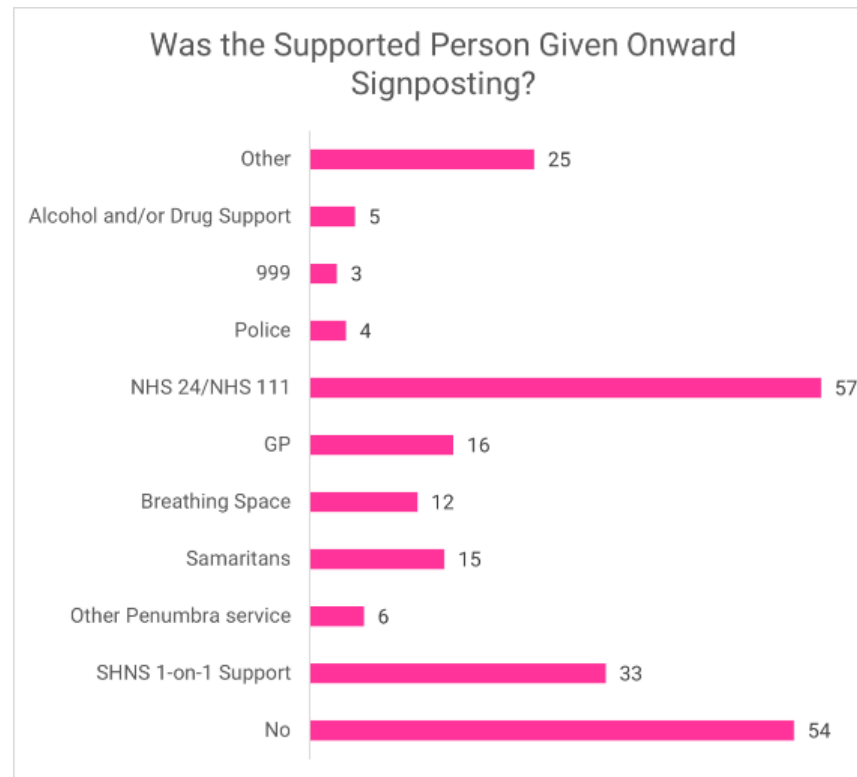
***I explore the information and options that are right for me, working together with my SHNS Team Member to plan and agree next steps.***

In the Live Chat sample, in 14 out of the 15 Live Chat support conversations the SHNS team member shared information and options to the supported person based on their needs at that moment as well next steps for after the chat ends. Examples include:

- Checking if supported people might need medical help with their self-harm and providing contact information for NHS services.
- Providing signposting for issues they were currently facing, such as concerns related to being a victim of crime so the SHNS team providing information for a victim support organisation.
- Creating a Safe Plan with the supported person to help keep them safe if they feel distress again.

- Discussing coping mechanisms the supported person could use at that moment as well as in future, such as breathing techniques, listening to music, and finding a place in their home where they feel safe.

We provide signposting on the Live Chat which is relevant to the immediate needs as well as future goals of the supported person. Of a sample of 176 active support conversations had on the live chat in 23-24, in 69% of these conversations the supported person was signposted to one or more forms of additional support. The most frequent was NHS24 and/or NHS 111. Other common signposting was the SHNS 1-on-1 short term support, their GP, Samaritans and Breathing Space. By providing this signposting, we support people to plan next steps outside of the conversation on the Live Chat.



In addition to the sampling discussed above, an earlier analysis was undertaken in March of all chats from the 1st of January 2024 to the 29th of February 2024 to analyse if the Live Chat is being used for its intended purpose (immediate support with self-harm and distress related to self-harm). 108 active support conversations were held in this period (not inclusive of "chats" where no conversation was had, or it was a test chat). A finding of this analysis was that conversations with supported people on the Live Chat could be more structured and directional. Often SHNS staff and volunteers would offer sympathy and a listening ear, which is a vital part of support, but did not then direct the conversation in a constructive manner. As such, chats could become very long and the supported person may come out of it feeling listened to, but not with tools or signposting to help them move forward. This is in contrast to the smaller recent 15 conversation sample and Live Chat signposting data, which suggest supported people are frequently given information and options that are tailored to them. This could be due to one sample being much smaller than the other, so its findings are not as representative of wider conversations on the chat. As a result of the findings from the sample of 108 support conversations in January and February, we have reviewed training for our staff and volunteers to ensure they are supported and feel confident to make conversations structured and directional and supported people are given the opportunity to explore their options and come out of the chat with next steps they can take.

***I am supported to review my progress.***

Due to the support on the Live Chat being limited to short, often one-time conversations, for many supported people we only interact with them for very short period of time and they are often quite distressed. What "reviewing progress" looks like in this context is, therefore, quite different from what it looks like in short term 1-on-1 support. In our short term 1-on-1 support, reviewing progress is usually an in-depth conversation about how supported people feel about support, about their self-harm, and the goals they identified. In the Live Chat, the sample of 15 support conversations had examples of SHNS team members encouraging supported people to reflect on their progress positively, but with the focus being on immediate achievements. 8 out of the 15 chats showed the SHNS team member encouraged the supported person to reflect on their positive progress, such as:

- Saying the supported person has done a good thing by ensuring they keep their self-harm wounds clean (whilst encouraging the SP to seek medical advice through NHS services).

- Reminding the supported person it takes a lot of strength to reach out for support and they have done well by doing so on the Live Chat.
- Thanking the supported person for sharing their experience honestly and reminding them that it takes a lot of strength to do so.
- Praising the supported person for showing resilience and strength by trying to address thoughts of self-harm and find other ways of coping, both in coping mechanisms they tried using before coming onto the Live Chat as well as seeking help on the Live Chat.

Whilst evidence is currently limited, we can see examples of SHNS encouraging supported people who use the website and Live Chat to reflect on their progress and recognise every positive step, no matter how 'small' it may seem.

***I have the opportunity to shape and contribute to the service.***

We always welcome and encourage feedback from supported people and others using the Live Chat as well as the website generally. Our website has been and will continue to be informed and directed by lived experience through feedback from supported people, guidance from those with lived experience external to SHNS, and our Peer Practitioner team.

Supported people and others can provide feedback on our website and Live Chat through:

- Live Chat End of Chat Feedback Form
- General Contact form on the SHNS website
- Social Media

Since launching the Live Chat in October 2023, 102 people have completed the End of Chat feedback form. This is 36% of those who had active support conversations [3]. In our End of Chat feedback form we ask:

- If this is the first time they have chatted to us



- How they could rate the chat (very helpful, helpful, neutral, unhelpful, very unhelpful)
- Where they hear about us
- Any free text comment they would like to add

So far, the Live Chat End of Chat feedback is the only feedback we have directly received about the website and Live Chat. No one has used the general contact form or social media to feedback about our Live Chat or website. We have, however, had indirect comments about the website and live chat from professionals, with professionals saying they will and have used it with people they support as they think it is a useful resource [4].

[1] More than 176 active support conversations took place on the Live Chat, but due to internal challenges some active support conversations were not being recorded on our internal form. As such, the 176 should be considered a large scale sample as opposed to representative of all active support conversations. We do store a record of all support conversations in our chat system, but for active support conversations a further internal form is completed.

[2] Whilst cutting is the most frequently reported, this could be partially influenced by misconceptions of self-harm and other forms of self-harm potentially not being reported as they are not considered "self-harm".

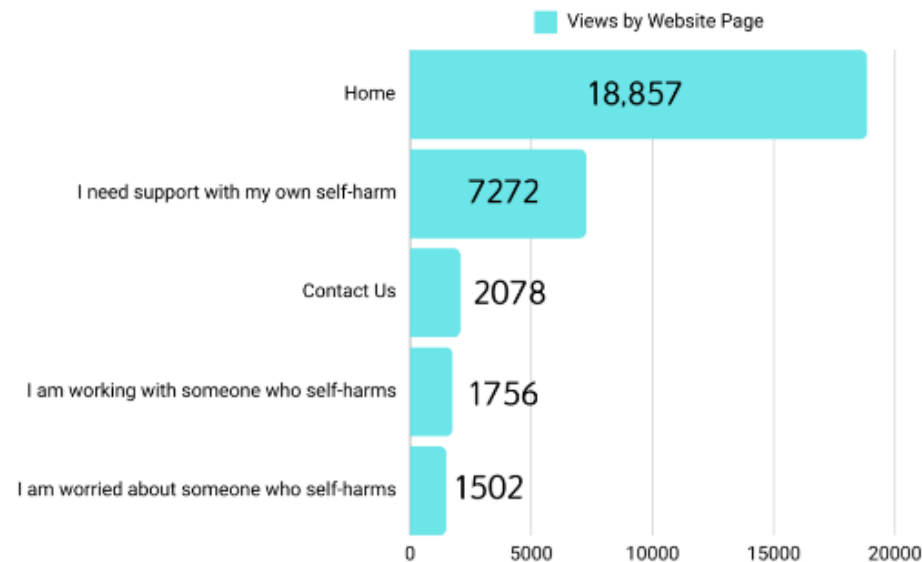
[3] This a percentage of active support conversations, of which there were 284. We have not considered "chats" where no conversation took place as the person who opened the chat left without saying anything, or where the "chat" was a test chat to ensure functionality.

[4] These comments come from our Self-Harm Awareness training feedback surveys.

## Who with

### SHNS Website

From April 2023 to March 2024, the Self-Harm Network Scotland website had **46k views by 12k users**.



After the Home page, the top viewed page is "I need support with my own self-harm". This page provides information and support tools to those who self-harm or have thoughts of self-harm. The 3rd most viewed page is "Contact Us". This page is where people can contact us either for support for themselves or for support for someone they know who self-harms. The 4th and 5th most viewed pages are for people who are either working with someone who self-harms, or are close to someone who self-harms (such as family member or friend). These pages offer information such as how to start the conversation with someone they think is self-harming, what to try to do and to try not to do, and how to look after themselves too.

To expand the reach of our website and increase awareness of the support we provide both online and 1-on-1, we launched a Free Sticker Campaign, and we have already seen great uptake with other organisations.

## SHNS Free Sticker Campaign

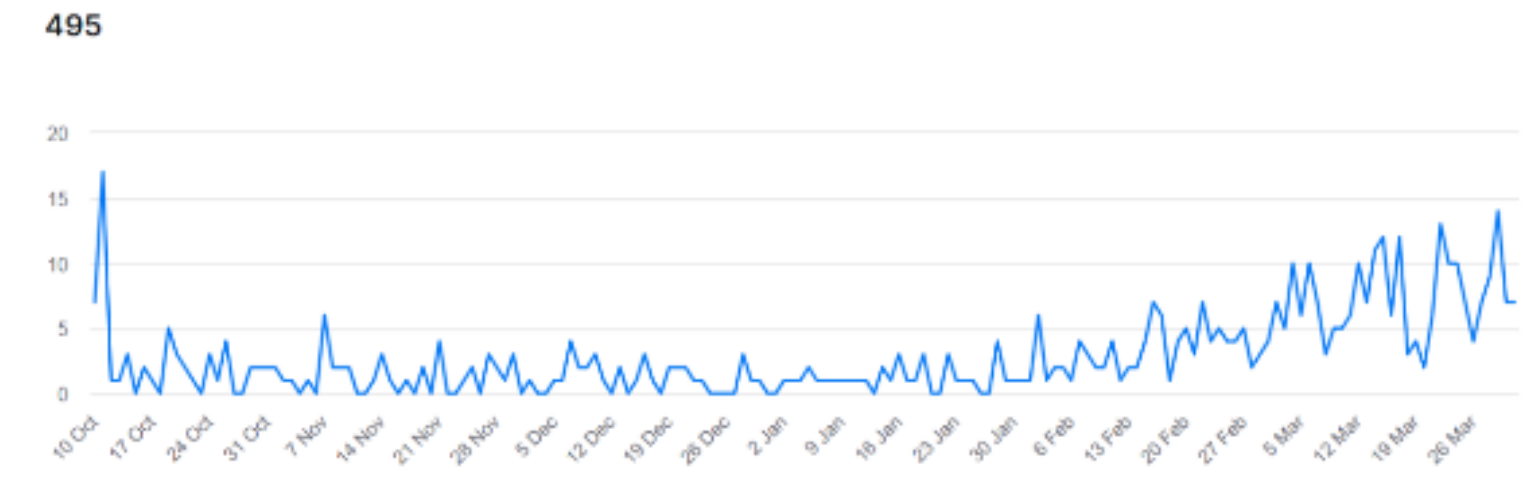
March 2024 we launched a free sticker campaign to reach people in universities and colleges in Scotland that may be in need of self-harm support. The aim of the stickers is to circulate information about Self-Harm Network Scotland, ensuring the information is visible but also discreet enough so that people feel comfortable to reach out. When people scan the QR code, they will be taken to our website which has further information and support.

So far 34 different universities, colleges and students' unions across Scotland have requested stickers, as well as Breathing Space, and we have sent out 2875 stickers.



## Live Chat

### Total Number of Chats\*



\*This is inclusive of all "chats" so includes test chats and "chats" where an individual opened the chat function but then closed it without writing anything.

The above graph shows the total number of "chats" which have taken place since the Live Chat was opened on the SHNS website. This number, however, is inclusive of all chats, regardless of whether a conversation was subsequently had. Removing any "chats" where no conversation was had or it was a test chat, **we have had 284 active support conversations on the Live Chat since opening in October 2023 [1], with an average chat duration was 34 minutes.** Whilst views fluctuate a lot day by day, in the last few months of 2023-2024 we began to see a slight increase in the average number of views of the website. We hope to continue this continues to grow in 2024-2025.

In March 2024, a sample of 108 active support conversations on the Live Chat were analysed to see if what was discussed with the supported person was relevant to the purpose of the Live Chat. Were they discussing self-harm, support with self-harm, and distress and other difficulties which either resulted from or were leading to self-harm?

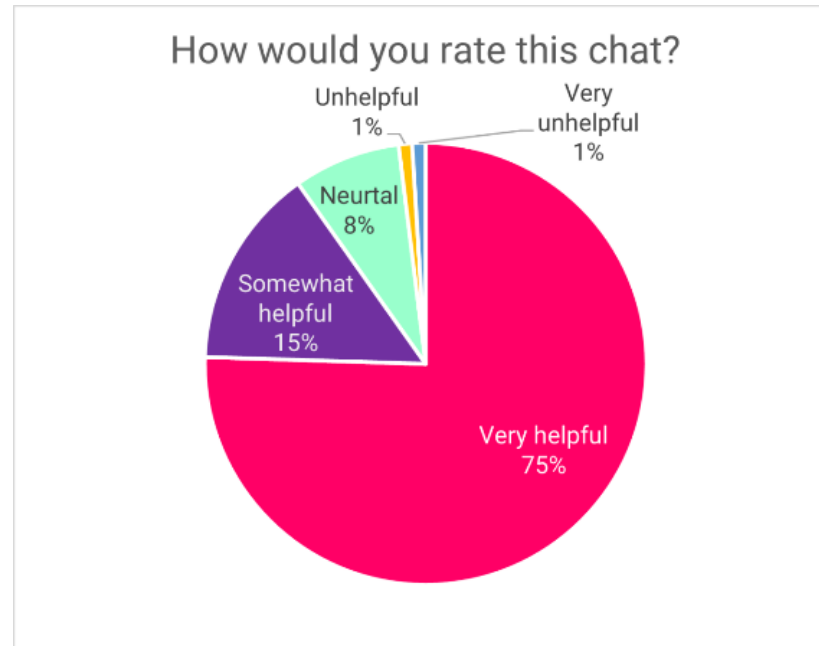
- 80% of chats appeared to be relevant to the purpose of the service.
- 20% of chats appeared to not fully be relevant to the purpose of the service.

Of the chats which did not appear to be fully relevant to the purpose of the service, these individuals did need support with their mental health, but they did not appear to be in distress and needing immediate support with their self-harm. We still provide support to these individuals whilst also directing and encouraging them to access support which is more appropriate to their needs at that time. Overall, the Live Chat is being used for the purpose intended, providing immediate support with self-harm and surrounding emotions and challenges.

[1] Our system keeps a record of all "chats", but this is the full conversation. For all active support conversations on the Live Chat the SHNS team members should complete a further internal form which records in simple anonymised terms what areas of the HOPE Framework were discussed, what the form of self-harm was and the frequency (if discussed, people do not need to disclose this to access support), and if the supported person was signposted to onward support or information. Due to internal challenges, which are being addressed, we do not have this record for some of active support conversations. We have specified in the Website and Live Chat pathway when we are speaking about all 284 active support conversations had since launching the Live Chat, and when we are speaking about the 176 recorded forms.

## **How they feel**

### ***Live Chat***



Of the 102 people who used the Live Chat and gave feedback (36% of those who had active support conversations), 75% found the conversation very helpful. We received 31 free text feedback comments, with 27 of these being positive, thanking us for support and praising the support given. 2 were neutral, one suggesting an additional chat for carers could be helpful and another saying they will use the distraction techniques suggested. 2 were negative, with one saying the chat quality was not the best and another saying the chat scared them, but they did not elaborate what aspect scared them (was it their self-harm or was it the conversation about self-harm that scared them, or something else).

*"[The Live Chat is] a great thing to have when people are struggling and feel they have no one else to turn to, well done" - Supported person who used the Live Chat*

*"I really enjoyed my support on your teams. They've been nothing but amazing I appreciate the support." - Supported person who used the Live Chat*

When people have a conversation with us on the Live Chat, we aim for them to feel heard, genuinely cared about, that they trust us and we trust them, that we respect them, and they feel safe. Currently the only way we can evidence this is through the free text feedback we receive in the End of Chat feedback form, but already we have feedback towards this:

*"I felt heard and supported."*

*"I am really pleased with the support I get from your service. It makes me feel safe. Thank you."*

*"[SHNS Team Member] was amazing, I really liked her she's very understanding :)"*

*"Very polite and very helpful always respectful"*

*"Very helpful and patient person"*

*"Fantastic job you all do. Thank you. I was in a state when I logged on and you calmed me down and provided reassurance."*

Anyone can also contact us via email, social media or phone to provide feedback on the website and Live Chat, but we have yet to receive any feedback through these channels.

Feedback on how people feel whilst using the Live Chat and website is still limited, but the feedback we do have continues to grow and it is overwhelmingly positive, with supported people feeling well supported.

## **What they learn and gain**

When people visit our website and use our Live Chat, we aim for them to gain practical and emotional support by giving them skills, tools and knowledge about self-harm and how to manage thoughts of self-harm. We aim for people to subsequently understand themselves and their situation better (or of those they support) and have an increased sense of control over their life and wellbeing, finding hope and sense of direction.

## **SHNS Website**

On the SHNS website we provide extensive information and tools which provide practical and emotional support for those who self-harm as well as those who support them. The information pages and tools are designed to increase understanding of self-harm (e.g. the Functions of Self-Harm) as well as provide practical tools to support (e.g. Safe Planning). People continue to view and download the tools and guidance we provide on the website.

### *Practical Support and Emotional Support*

#### Most Viewed Toolkits:

- Safe Plan - 1016 views and 142 downloads [1]
- Self-Harm Diary - 994 views and 112 downloads
- Affirmations - 896 views and 164 downloads

#### Least Viewed Toolkit:

- Things That I Treasure - 189 views and 16 downloads

#### Most Viewed Information Pages:

- Functions of Self-Harm (via the "I need support with my own self-harm" page) - 792 views
- Urgent Help - 763 views
- Cycle of Self-Harm (via the "I need support with my own self-harm" page) - 732 views

#### Least Viewed Information Page:

- Signs of Self-Harm (via the "I am worried about someone who self-harms" page) - 72 views



Whilst views and downloads do not necessarily mean people are subsequently using these or finding them helpful, we hope these contribute to increased understanding of self-harm and an expanded skillset to cope with self-harm for those who self-harm and those who support them. As stated earlier in the report, we have had indirect comments about the website and live chat from professionals, with professionals saying they will and have used it with people they support as they think it is a useful resource [2]. We will continue to monitor our feedback mechanisms for evidence of the impact of our website.

### ***Live Chat***

Through the Live Chat support we give practical and emotional support, and either use or signpost to tools and knowledge that can help those who self-harm understand their self-harm as well as develop healthier coping mechanisms.

In the sample of the 15 active support conversations on the Live Chat (as referenced under "What we do" for the Website and Live Chat pathway), in all 15 support conversations the SHNS team member provided practical and emotional support to the supported person. This took different forms:

- Providing practical support by signposting, and in some cases, talking through tools from the SHNS toolkit. For example, completing the SHNS Safe Plan together through as the supported person had started completing it before coming onto the Live Chat but were struggling to complete it.
- Providing practical support by signposting and referring the supported person to further support which meets their support needs. Examples include contact details for immediate distress support such as Samaritans, Breathing Space, Shout and NHS 24, as well as signposting to support such as 1-on-1 SHNS support and Victim Support Scotland.
- Asking supported people what makes them feel safe, comforted, and happy, and encouraging them to use these to help with overwhelming emotions and urges to self-harm.

How supported people responded to the practical and emotional support provided to them did vary, with some expressing that they will give the suggestions a try such as using the tool provided or looking into the signposted provided. A few did express trepidation or struggles, such as struggles with contacting services due to lack of response from the service or not feeling comfortable with

phone calls and preferring text-based support. In these instances, the SHNS would provide alternative suggestions which would need the needs of the supported person, such as suggesting a text-based service (e.g. SHOUT) instead of a call based one.

Feedback related to whether we helped people understand themselves and their situation better by providing practical and emotional support by sharing tools and knowledge is still limited, but some comments provided so far suggest the supported person felt we gave good advice and will try it themselves outside of the chat:

*"[the SHNS team] were lovely and gave me really good tip I will use for in the future. thank you everything you do"*

*"Very useful. Thank you!"*

*"I'll have a look at the distraction techniques."*

*"[SHNS Team Member] was very lovely to chat to, listening and giving real good advice. I felt she understood as she spoke about her own [experience of self-harm], I found this really helped me tonight I'm so grateful"*

*"I found the chat very helpful"*

Two aims we do not currently have evidence for it whether people subsequently feel they have increased control over their life and wellbeing and have hope and sense of direction in part due to the information and skills we provide on the website and Live Chat. In our short term 1-on-1 support we have strong evidence to suggest we are contributing to this through the support we provide, but this is not currently evident in the support we provide via the website and Live Chat. This will likely remain harder to evidence as our interaction with supported people for the website and Live Chat is either indirect (through website engagement) or very short term (through the Live Chat). One way we can evidence this is through the regular feedback we receive about the Live Chat and ad hoc feedback we receive about the website. We do not yet have evidence of this through feedback, however. We will continue to monitor this feedback for evidence of our contribution to these aims and examine other ways we can evidence if we are contributing to these aims or not through our work on the website and Live Chat.

[1] We were unable to obtain the download numbers for the toolkit pages for April and May of 2023, so the download numbers will be higher than stated here.

[2] These comments come from our Self-Harm Awareness training feedback surveys.

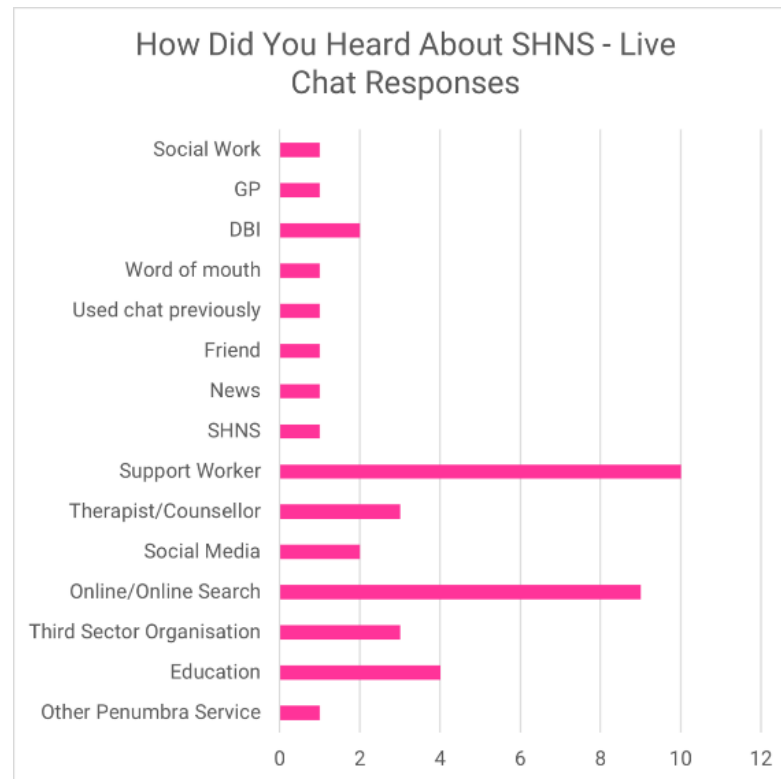
## What they do differently

Through support, we want to help people to do the following:

***I use my skills and knowledge to support my wellbeing, whilst also asking for help when I need it.***

Whilst we have a range of evidence to show people are provided with tools and knowledge to support their wellbeing, we do not currently have evidence that people are subsequently use tools and knowledge provided to them to support their wellbeing. We only have a limited range of ways we can currently get gather evidence of this, such as through the free text feedback people give at the end of a Live Chat conversation. Whilst feedback on the Live Chat is overwhelmingly positive, it tends to focus on how people feel and if the chat was helpful in that immediate moment. Whether they subsequently go on to use the knowledge and skills shared in future, it is hard for us to know unless they return and tell us so. Further sampling and analysis of support conversations in the Live Chat in 24-24 could potentially yield evidence of this, particularly for those who use the chat more than one.

We do, however, have some evidence that people are asking for help when they need it through the website and Live Chat. When people use the Live Chat we ask where they heard about us. 41 people who used the Live Chat in 23-24 told us where they heard about us. People heard about us through a variety of channels.



We can see people from a variety of other services and organisations are not only hearing about us, but subsequently reaching out for our help by using the website and Live Chat for support.

For our 1-on-1 support, we also ask where people heard about this support pathway. So far at least 16 people heard about the short term 1-on-1 support we provide via the SHNS website. This is likely to be higher as we have not been recording this specific data for one of our main referral pathways but we will be doing so going forward in 24-25, so we expect to see this increase. Whilst currently a small number of referrals, SHNS website and Live Chat has contributed to people reaching out for the help they need, and this will likely only grow as more people use the website and Live Chat.

***I am open to new opportunities, engage with the world around me, and maintain and build good relationships.***

We do not currently have evidence of people opening up to new opportunities, engaging with the world around them, and maintaining and building good relationships as a result of the information and tools provided on the website and the support via the Live Chat. We currently have limited evidence of this in our 1-on-1 support as it is often a secondary and longer-term effect of improved mental wellbeing. Since we have limited evidence of this in our short term 1-on-1 support, it is even harder for us to evidence this in our indirect support (via the website tools) and Live Chat support. We would also only expect the website and Live Chat to have a limited impact in this area because support is short term so we can only expect so much impact on such broader and long-term goals.

We do, however, want all aspects of support we provide to contribute to this in some way. As such, we will continue to monitor the feedback from our Live Chat as well as sampling of Live Chat conversations to understand if we are contributing to this or not and if we are, how we are contributing to it.

## **What difference does this make?**

When people access any aspect of support from SHNS, we hope we help people to:

- Have increased hope for the future
- Manage and cope better with everyday life
- Have improved mental wellbeing
- Feel more connected with others

Through our short term 1-on-1 support we can evidence we help people towards these goals, with our support playing a contributory part alongside wider changes across the supported person's life. Whether we also do this through the support we

provide via the website and Live Chat is harder to evidence. This is in part because these are goals which are complex and can take a time to achieve, and the support we provide on the website is indirect (e.g. providing information for people to read in their own time) and short term (Live Chat conversations) so it naturally has a more limited impact. But it is still our aim is that the support we provide on the website and through the Live Chat plays a contributory part in this, even if it is quite small in comparison to our 1-on-1 term support.

We currently have no direct evidence that the website and Live Chat specifically are helping people towards these changes, but we will continue to monitor the feedback we receive about the website and Live Chat as well as sampling Live Chat conversations to understand if we are helping people towards these goals via these forms of support.

We do, however, receive overwhelming positive feedback about our Live Chat service, with people leaving positive feedback about how it has helped them. As reported under "How I Feel", 75% of those who provided feedback said the conversation was "very helpful" and 15% said it was "helpful". And of 31 free text comments left, 27 were positive. We do, therefore, have confidence the Live Chat is a positive contribution to the wellbeing of many we support and the support is appreciated. Whilst we are still developing and improving the support we provide on the Live Chat, we can be confident we are heading in the right direction.

Thank you

Amazing as always.  
Thank you

Thank you for being there  
for me tonight, really  
grateful for the support

Very happy with the  
service and help I got,  
such [an] amazing team

I appreciate all the support  
and time from the staff at  
penumbra [you're] are  
amazing :)

[you're] are a good  
team I appreciate it  
thanks

# Conclusions

In 2023-2024, we have continued to see a positive change in those we support, and the number we support has continued to increase. We have seen reductions in self-harm, improved wellbeing, and supported people achieving the goals they set out during support. This was particularly evident through the one-on-one short term support we provide, with many of those we support understanding their self-harm better, developing alternative coping mechanisms and using these to help reduce their self-harm and improve their overall wellbeing. Supported people frequently told us they felt heard and genuinely cared about, with the peer experience of our practitioners helping build a foundation of trust and understanding that supported people often struggled to find through other support.

We currently do not see this as prominently through the support we give on website and Live Chat, but we expect this is in part due to it being a never, brief intervention and indirect form of support compared to the short term 1-on-1 support. We do know that the extensive range of support tools and information provided on the website have been viewed and downloaded by thousands of people and this only continues to grow. We also know people highly value the support provided by the Live Chat, helping them with immediate support for their self-harm and thoughts of self-harm as well as the distress and other emotions which sit alongside, contribute to and are the result of their self-harm. Given the support we provide on the website is indirect (e.g. providing information for people to read in their own time) and short term (Live Chat conversations) so it naturally has a more limited impact on the outcomes which are more complex and can take a longer time to achieve, such as feeling more connected to others. But it is still our aim is that the support we provide on the website and through the Live Chat plays a contributory part in this and we will continue to work towards this aim.

We continued to see great responses to our Self-Harm Awareness training, training over 1600 professionals in the past year. Our training continues to be popular, with a wide variety of organisations reaching out to us for training. By providing this training, we contribute to a more caring, empathic and understanding approach to support for those who self-harm regardless of the service or organisation they receive support from. Our training offering continues to expand, with newly created public information sessions



open to all and upcoming parent support groups in Q1 of 2024. Feedback on our training is overwhelmingly positive, with professionals attending saying it helped them understand self-harm better, understand harm minimisation approaches and increased their confidence when supporting someone who self-harms both in their professional and personal life. Feedback rates, however, are low compared to the number of those we train and as such plans are in place to change up our feedback approach in 2024-2025. Increasing our feedback rate will ensure we get a representative and honest picture of how people felt about our training and information sessions so we can continue to improve.

Self-Harm Network Scotland continues to grow and improve, and our impact is wide ranging and positive for many we support. We do, however, recognise we have areas we need to improve, either by using learning we have already gained throughout the year or by improving the evidence base for outcomes we have less knowledge of. We are proud of all we have achieved so far, and we will continue to work hard to provide the best support possible to those who self-harm, have thoughts of self-harm, and those who support them personally and professionally.

# Our evidence standards

## PROGRESS STATEMENT

## CRITERIA

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### Great progress

- The majority of people and groups experience this in the timescale defined
- This is consistently true most of the time
- Risks have been mitigated and assumptions achieved

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### Some progress

- Some people and groups experience this in the timescale defined
- This is true some of the time but not often or always
- Some risks have been mitigated and some assumptions achieved

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### Low progress

- A minority of people and groups experience this in the timescale defined
- This is not true most of the time
- Risks have not been mitigated and assumptions found to be unrealistic

## CONFIDENCE ASSESSMENT

## CRITERIA

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**High confidence**

Most of these criteria apply

- more than one source of evidence has been used to evidence and/or corroborate findings
- evidence was collected purposefully and for this purpose
- reasonable number of responses
- no or minimal disagreement between evidence sources
- analysis is clear and purposeful (someone else could replicate and get broadly the same results)
- if we have sampled data, sampling methods have prioritised representativeness

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**Some confidence**

Some of these criteria apply

- we have relied on one evidence source and/or the data is imbalanced (e.g. a lot of quantitative but not much qualitative data)
- evidence is mostly gathered opportunistically
- reasonable number of responses
- there is some disagreement between evidence sources and this cannot be contextualised or there is lack of clarity in the findings
- broadly the analysis is replicable although it may be open to different conclusions
- we have gathered data from some but not most of the population

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**Low confidence**

AND / OR

- there is disagreement within the data
- we have data from a minority of the population or based on individual inputs only
- we have little to no evidence for this stepping stone
- data was all opportunistically gathered
- we have low confidence the analysis is replicable

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