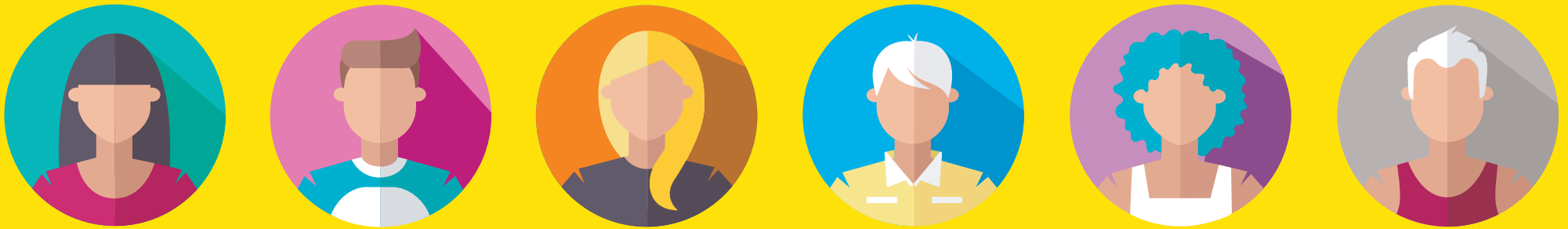


POSITIVE APPROACHES TO RISK



Guidance for parents, carers and staff

POSITIVE APPROACHES TO RISK

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INTRODUCTION

This guidance is for parents, carers and staff working with young people aged 12 – 18.

Risk is an inherent part of human development. Young people have to be exposed to risk to help them grow into rounded, secure, healthy individuals. However risk taking behaviour carries the possibility of unwanted and/or unplanned consequences. Not all risk-taking behavior is problematic, although for some vulnerable young people the consequences of their behavior can be worrying for the adults involved.

This guidance supports parents, carers and professionals to identify vulnerable young people and support them to reduce the harm associated with risk taking behaviours including smoking, alcohol, substance misuse, sexual activity, gambling, self-harm and suicide. It was created with a number of partners and in consultation with young people. Some individual services and settings will have specific procedures and not all partners (e.g. Police Scotland) are able to sign up to this guidance as it counters their national message.

Over the years many factors have contributed to an increase in 'risky' behaviours amongst young people such as the range of substances available and the influence of social media.

Significant and/or immediate harm

If a young person is at risk of significant harm inter-agency Child Protection Procedures for Edinburgh and the Lothians should be used. ***Immediate Child Protection referrals do not require permission of parent/carer.***

If you have an immediate concern you should contact the Police. If your concern is not immediate you should contact **Midlothian Council Children and Families, Duty Team on 0131 271 3413.**



Consistent, reliable information

These core messages were created in consultation with young people and professionals to support staff to have an honest dialogue with young people that goes further than 'just say no'. They support young people to reflect on their values and attitudes and consider not just abstinence but also delay and harm reduction.

Our vision is to improve families' lives by giving them the support they need, when they need it. Providing good, accurate and relevant information is one form of this support as it helps young people make choices about their health, wellbeing and safety. Having one set of core messages that everyone uses will make sure this information is consistent, evidence based and reduce the chance that young people hear conflicting messages. The guidance will also support staff to identify vulnerable young people and assess risk.

Brain structures mediating emotional experiences change rapidly at puberty which can cause powerful emotional responses to social stimuli. Young people can perceive themselves as invulnerable to harm and have a desire to experiment. They need information so they know how to do it safely and say, "I don't want to" or "I'm not ready". They need to know of local support agencies so they can self-refer.

They have a right to use a health service with or without their parents' permission as long as they understand what they are doing. All services should include discussion of and advertise agencies that can offer support.

Different approaches and messages will be more applicable or effective at different stages of a person's development. The language may be adapted to suit specific populations but the core messages must not be diluted or changed.



SUMMARY OF THE CORE MESSAGES

Sex

Healthy relationships are built on respect, equality and mutual consent.

30% of people under-16 report that they are sexually active. Sexting and online porn are changing the way some young people think about sexual relationships

The messages help parents, carers and staff discuss:

- Consent
- Gender, sexual orientation and sex
- Sexually transmitted infections
- Contraception, pregnancy and abortion
- Underage sex
- Online safety, sexting and pornography
- Sexual exploitation

Smoking & Vaping

The proportion of young people who smoke 1 or more cigarettes a week is decreasing (2% of 13 year olds, 9% of 15 year olds) but vaping is increasing in popularity and smoking is still the primary preventable cause of ill health and preventable death.

The messages help parents, carers and staff discuss:

- Risk factors for people starting to smoke
- E-cigarettes
- Second-hand smoke
- Stopping smoking



Alcohol & Drugs

Alcohol and drug misuse is usually a symptom of their vulnerability and compounds other problems in their lives. 19% of 15-year-olds and 5% of 13-year-olds have taken drugs.

Cannabis is the most common drug, followed by ecstasy, cocaine and new psychoactive substances.

The messages help parents, carers and staff discuss:

- Safer ways to drink or take drugs
- Cannabis, ecstasy and units of alcohol
- The effect of alcohol and drugs on other decisions

Gambling

Gambling is risking money or something of material value on something with an uncertain outcome in the hope of winning additional money or something of material value.

The messages help parents, carers and staff discuss:

- Risk factors
- Rules for safe gambling
- False beliefs of gamblers

Suicide & Self Harm

Self-harm is non-accidental self-poisoning or self-injury. It is a behaviour, not a mental illness; it is a way of managing distress.

The messages help parents, carers and staff discuss:

- Reasons people self harm
- Types of self harm
- Risk factors for self harm and suicide
- Advice on what to do if a young person is self harming.



HOW YOU CAN HELP

Young people will often seek out the adult of their choice. Remember to use skills such as empathy, understanding, non-judgmental listening and respect.

Commonly when young people are referred to other services or agencies for support they can fail to attend. This could be due to the uniqueness and trust of the existing relationship with the person they have initially chosen to disclose to and they may not want to meet with another stranger.

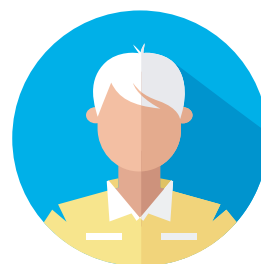
The young person may be feeling guilty and ashamed, so acknowledge how difficult it will have been for them to come to you. Remember to:

- If serious injury, go to A&E or call 999 or NHS 24. Perform first aid if appropriate.
- Keep calm. Make sure the young person is safe.
- Check for associated issues such as bullying, bereavement, abuse, relationship difficulties and sexuality.
- Explain your role and the limits of your confidentiality (including child protection concerns and other people who need to be informed and why)
- Explain other support available
- Ensure the young person has control of their situation and is consulted on their views



Good Practice for empathetic listening

Reflecting... 'You've said that you're feeling... tell me more'	rather than ... Evaluating 'Of all these issues this is the most important...'
Clarifying... 'So what I'm hearing is...is that right?'	rather than ... Confronting 'That's ridiculous...'
Supporting... 'I'm here to listen...'	rather than ... Problem solving 'I think you should...'
Developing... 'Tell me a bit more about...'	rather than ... Analysing 'So I think what's most important is...'
Sharing Some silence... '...'	rather than ... Filling the gaps 'The weather's nice...'
Summarising... 'So let me check where we are at...'	rather than ... Interrupting 'I think I've heard what you've said...'
Explore options... 'You have told me about other times you managed not to self-harm, tell me a bit about them...'	rather than ... Telling to stop 'You need to stop doing that'



EMOTIONAL RESILIENCE

Young people require support to assess and manage adverse consequences of risk taking. Some young people will have resilience through family and social networks that help them cope and reduce or cease problematic risk taking behaviour. *Fonagy (et al, 1994) defines resilience as normal development under difficult circumstances.*

Emotional Resilience is the inner strength to deal with day to day challenges and demands. Young people who have increased resilience have access to:

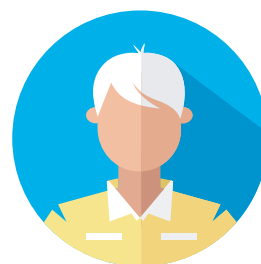
- Caring relationships which provide boundaries, consistency and love
- Role models who demonstrate respect, empathy and guidance
- Opportunities to contribute to activities – big and small
- A sense of belonging in schools, clubs, families and communities

Young people with good levels of resilience often:

- Demonstrate good communication skills
- Believe that they have choices and hope for the future
- Are able to use humour
- Demonstrate problem solving skills and reasoning ability
- Have skills which allow them to reflect

Resilience does not develop on its own. People require support to develop resilience. This is dependent on the individual, their interactions with family, people and their environment. Young people who experience the most adverse life circumstances can, and do, thrive with support and interventions to meet their needs. Some people may be disproportionately affected by barriers to health e.g. people who are:

- Living in poverty
- Care experienced, i.e. looked after or accommodated, or have left care
- Affected by parental substance misuse or have parents with poor mental health
- Excluded from or not attending school
- Lesbian, gay, bisexual or transgender
- Homeless
- Disabled, including those with a learning disability
- At key transitions (esp. leaving primary school, secondary school or care homes)
- Black or minority ethnic
- Young parents
- Experiencing domestic abuse/gender based violence



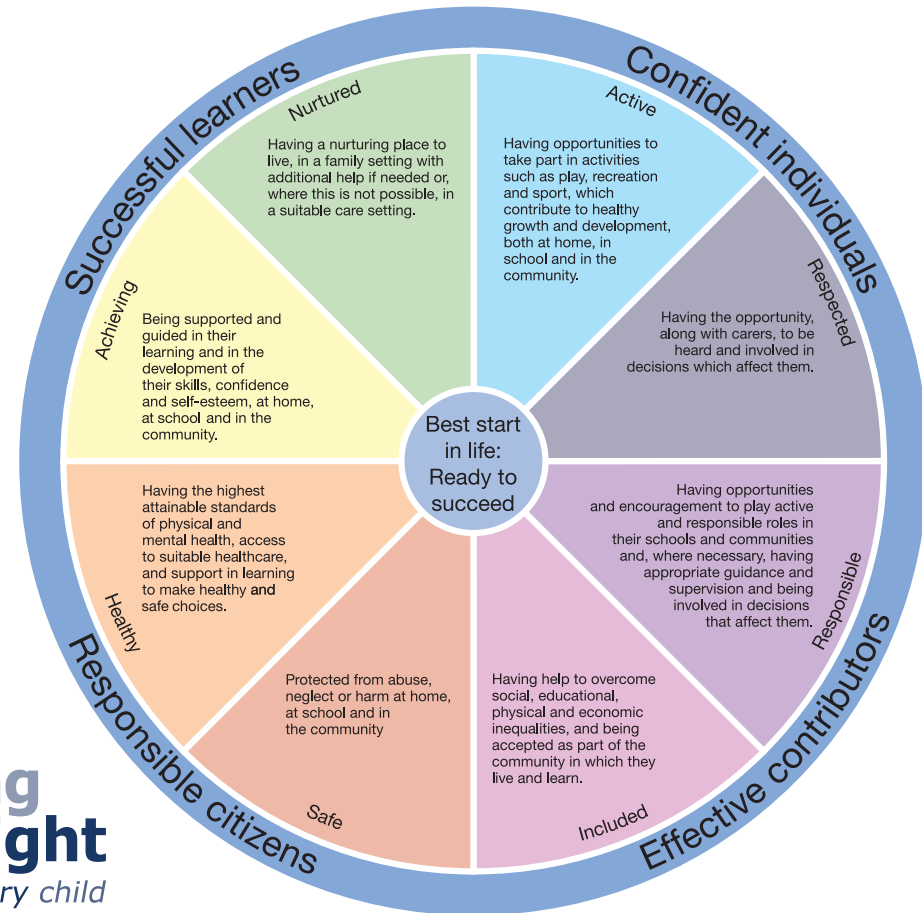
GETTING IT RIGHT FOR EVERY CHILD (GIRFEC)

GIRFEC is a national approach to encourage agencies to work in partnership to ensure each child has the best start in life - by offering the right help, at the right time from the right people.

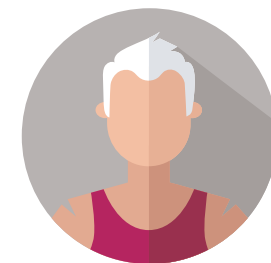
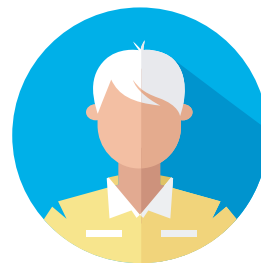
Midlothian offers young people a range of supports and interventions including pastoral care in schools, learning assistants, support and youth workers, teachers and specialist resources such as social workers.

When young people need extra support they will have a Child's Plan. A core principle of Getting it Right For Every Child is engaging the young person, their family/carers and other significant people. Where appropriate, consent to engage with the family should be sought, unless doing so would increase the risk to a child or others, or prejudice any subsequent investigation.

The 'Getting it Right For Every Child' wellbeing indicators encompass the articles of the UN Convention on the Rights of the Child (1991) and are the pathway to young people becoming successful learners, confident individuals, effective contributors and responsible citizens.



getting
it right
for every child



A Child's Plan

A Child's Plan is a single planning framework for young people who require support that is not universally available to address their needs and improve their wellbeing.

The plan is managed and coordinated by a Lead Professional who is employed by one of the agencies supporting the young person.

- 1 UNIVERSAL SERVICES:**
Available to all children and young people.
Accessed directly through single agencies such as schools or health services on an individual basis.
RESPONSIBILITY Establishment Contact

- 2 UNIVERSAL SERVICE WITH ADDITIONAL SUPPORT:**
Additional targeted support within the universal services i.e. learning support or additional health input.
RESPONSIBILITY Establishment Contact



- 3 ENHANCED INTEGRATED SUPPORT:**
(may include child protection planning) based on current concerns, potential risk, historical information and/or crisis intervention.
RESPONSIBILITY Establishment Contact or Lead Professional.

- 4 INTENSIVE/STATUTORY INTEGRATED SUPPORT**
Available to children and young people who are Looked After and Accommodated, Looked After at Home or on a Compulsory Supervision Order under the Children's Hearings (Scotland) Act 2011. **RESPONSIBILITY** Lead professional



NATIONAL RISK FRAMEWORK

The National Risk Framework is set within the context of GIRFEC to provide a consistent approach and clear roles and responsibilities. It aims to support staff to approach the task of risk identification, assessment, analysis and management with confidence and competence.

www.gov.scot/publications/national-riskframework-support-assessment-children-youngpeople/pages/3/.

It has three main risk indicators which are the factors that may constitute a risk, hazard or threat.

RISK ASSESSMENT – Collecting information can help clarify concerns and work out whether the young person's needs may be met within an organisation. The My World Triangle and Wellbeing Wheel support staff to explore needs and risks across domains of a young person's life.

RISK ANALYSIS – Understanding what the information says about the actual and potential needs and risks and whether this needs a single or a multi-agency response can help determine whether the threshold for initiating child protection processes is met.

RISK MANAGEMENT – Where there is concern about a young person's wellbeing a Child's Plan will detail how the risk/need will be addressed, what the roles & responsibilities are of all involved and what the anticipated outcomes are for the young person. The plans should have SMART outcomes that are Specific, Measurable, Achievable, Realistic, Time limited and regularly reviewed.

RESILIENCE – positives, strengths and protective networks that help someone deal with the day to day challenges, or "normal development under difficult conditions".

RESISTANCE FACTORS – impact on the likelihood of change. This includes lack of engagement due to overt or disguised non-compliance and aggression. It can also include service/organisational barriers and characteristics related to the young person.



STAFF AND CARERS' HEALTH AND WELLBEING

Parents, carers and staff working with young people who exhibit problematic risk-taking behaviours need to care for their own mental wellbeing. Supporting a young person can be upsetting as well as rewarding. The adults involved may have feelings of:

- Shock or fear
- Guilt
- Incomprehension
- Anger and frustration
- Distress and sadness
- Powerlessness and inadequacy

It is important for any adult involved to be aware of their own mental wellbeing and to acknowledge any distress they may feel. Line managers can provide access to appropriate support. Professionals and parents can try some of these self-care techniques:

- Talk to a friend or colleague about how you're feeling (without compromising the confidentiality of any young person involved)
- Try relaxation techniques, such as yoga, tai chi, visualisation and breathing exercises
- Listen to relaxing music or have a bath
- Do something active, such as walking, dancing or going to the gym
- Do something you enjoy

This guidance can be used as part of a wider support plan within the school setting e.g.

- Key staff from agencies working directly with young people should attend awareness and intervention skills training
- The professionals involved can signpost to the appropriate supports
- Key staff can establish a peer support network/working group to discuss individual circumstances and ensure general information is shared with the wider staff team



USEFUL CONTACTS (General)

Midlothian Council Social Work – Children and Families –
Contact Centre 0131 271 3413

Scottish Government, National Risk Framework to Support the Assessment of Children and Young People, 2012, www.gov.scot/publications/national-risk-framework-support-assessment-children-young-people/pages/3/

CAMHS (Child and Adolescent Mental Health Service) (0-18)
Eastfield Medical Practice Eastfield Farm Road Penicuik
EH26 8EZ

Support for concerns about mental health or wellbeing when difficulties impact on day to day functioning.

NHS Health promotion service www.nhslotthian.scot.nhs.uk

Mayfield and Easthouses Youth 2000 project (Y2K)
<http://youth2000project.com/> A range of youth services including support, street work and healthy living

Plus one mentoring www.penicuikymca-ywca.org.uk/plusone-mentoring.html

Helps young people to become more involved in their community and to achieve their potential.

SALSUS (Scottish Schools Adolescent Lifestyle and Substance Use survey).

Long established series of national surveys on smoking, drinking and drug use.

East Lothian and Midlothian Public Protection Committee, Website <http://emppc.org.uk/home/> Contains the child and *Adult Support and Protection procedures*

MYPAS (Midlothian Young Peoples Advice service) (10 – 21)
Support, information and advice e.g. Counselling, Family Therapy, Sexual Health Drop-in and substance misuse

SCET (Social Care Emergency Team)
SCET provides emergency social work services out with normal office hours.

Covey Befriending www.coveybefriending.org.uk
Support for young people through befriending.

Amber Mediation www.cyrenians.org.uk
Impartial, confidential space for everyone to have their say and be listened to.

Children First (5-18) www.children1st.org.uk/
Support for people who have been affected by domestic abuse.

Children and young people's Healthy Reading scheme
www.midspace.co.uk
Self help books and resources for children, young people and families – in libraries and High schools.

Homelink Family Support (0-18)
www.homelinkfamilysupport.org/



USEFUL CONTACTS (General)

Childline www.childline.org.uk 0800 1111

Breathing Space www.breathingspace.scot 0800 83 85 87

Samaritans www.samaritans.org 116 123

Relationship Helpline 0808 802 2088

NSPCC Helpline 0808 800 5000

Get Connected Helpline www.getconnected.org.uk
0808 808 4994

Hope Line UK 0800 068 4141

Anxiety UK 0844 477 5774

Parentline 08000 28 22 33

Young Minds Parents Helpline 0808 802 5544

No Bodies Perfect

Living Life to the Full www.lltff.com

SANE www.sane.org.uk

Scottish Association for Mental Health www.samh.org.uk

www.seemescotland.org

www.depressioninteenagers.co.uk

www.stressandanxietyinteenagers.co.uk

www.actionondepression.org

www.moodcafe.co.uk

www.stepsforstress.org

www.firstsigns.org.uk

‘Getting the Lowdown (Scotland)’

engage and educate young people around the key issues of mental health and emotional wellbeing with topics on bullying, being active, anger management, friendships and relationships, and loss and bereavement, stress and anxiety, eating disorders, self harm and depression.

THINK YOU KNOW www.thinkyouknow.co.uk Support around use of social media.

Internet matters www.internetmatters.org

Parentzone <https://parentzone.org.uk/parents>

Childnet (Know it All resources) - www.childnet-int.org/

Blok'em - www.blockem.co.uk

CEOP Things children do online - Social Networking (Feb 2013) <http://www.youtube.com/watch?v=aAprRXbQMTE>

Jigsaw film www.youtube.com/watch?v=599I1E-rWTU
Personal Information sharing - risks



MENTAL HEALTH AND WELLBEING

A young person's mental health and wellbeing is a key consideration when exploring risk-taking behaviours.

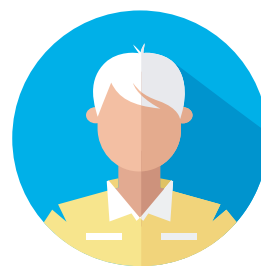
Mental health is just like physical health: everybody has it and we need to take care of it. The impact of poor mental health cannot be underestimated. Young people's mental health cuts across all the 'core messages' and is often the catalyst for many problematic risk-taking behaviours.

Mental health issues often begin before the age of 14 (see endnote 1). 1 in 10 young people aged five to 16 have a clinically diagnosable mental illness (see endnote 2).

If you are concerned about the mental health of a young person seek help through local health services.

3 children in every class will experience a mental health problem by aged 16

Scottish Association of Mental Health, 2017



Useful Resources

www.mypas.co.uk

www.samh.org.uk/documents/SAMh_Understanding_Mental_Health_Problems.pdf

www.nspcc.org.uk

www.b-eat.co.uk

breathingspace.scot

www.moodjuice.scot.nhs.uk/

www.samh.org.uk/get-involved/going-to-be/information-help/children-and-young-people

www.young.scot/get-the-lowdown

www.samaritans.org

www.themix.org.uk

www.midspace.co.uk

www.mind.org.uk

www.youngminds.org.uk

www.moodjuice.scot.nhs.uk

www.mentalhealth.org.uk

www.penumbra.org.uk

www.seemescotland.org

www.depressioninteenagers.co.uk

www.stressandanxietyinteenagers.co.uk

www.actionondepression.org

www.moodcafe.co.uk

www.stepsforstress.org

www.firstsigns.org.uk

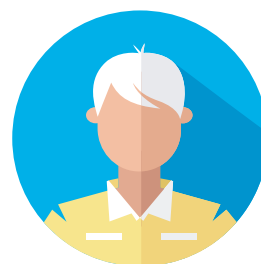
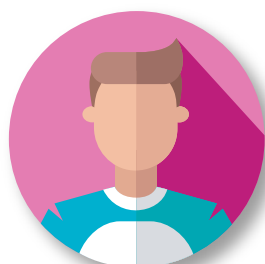


SEXUAL HEALTH & RELATIONSHIPS

Sexual health is “A state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence” (see endnote 3).

Young people have a right to access confidential services, even if they are under 16. They don't have to wait until they are having sex to get information or to use services. The Underage Sexual Activity Guidance (see endnote 4) sets out good practice, including when it may be in the best interests of the young person to share information.

Relationships, Sexual Health and Parenthood Education (www.rshp.scot) helps young people understand the complex world of relationships and sexual health, and how to keep themselves safe. They need to be supported to learn about relationships, sexual development, privacy and consent. Confidence and self-esteem help them build resilience and promote healthier choices.



PLEASURE

All young people are sexual beings whether or not they are sexually active. They have the right to freely express and explore their own sexuality in a safe, healthy and pleasurable way. They have the right to have and express desires and fantasies, as long as they don't infringe on other people's rights and freedoms.

Masturbation is a natural, safe and enjoyable practice.

CONSENT

Healthy relationships are built on respect, equality and mutual consent. It's not wrong to say 'yes' or 'no' to sex – no one should be forced to have sex. Sex without consent is rape. Healthy enjoyable sexual activity never involves pressure or force.

If someone wants to have sex with another person it is their responsibility to ensure that the other person has the freedom and capacity to give their consent. When a person is drunk or under the influence of any substances they may not be able to give consent as they lack capacity.

Just because someone has had sex once does not mean they have to keep having it. If they change their mind during sex they have the right to say so.

Young people should only have sex when they feel ready. It's not bad or wrong to be a virgin. They shouldn't feel pressured to lose their virginity.

The age of sexual consent in Scotland is 16, irrespective of gender and sexuality.

2 out of 3 people wait until they are 16+ before having sex.



BIOLOGICAL SEX

Sex is most commonly divided into male and female but also includes intersex; where a person's reproductive organs or genitalia differ from what is traditionally viewed as male or female. This might be apparent from birth, or after puberty.

GENDER

This goes beyond physical attributes and relates to how someone feels and thinks - when someone feels their gender can't be categorised as male or female or when their gender identity doesn't match the gender they were assigned at birth, this is called transgenderism. Transgenderism is also an umbrella term which encompasses people who identify as transsexual or non-binary. Gender is fluid and influenced by factors including our culture. People may choose to express their gender through clothing, speech or mannerisms or may wish to undergo treatment to align their anatomy with their gender identity.

Offer support, have the right attitude, ask questions and find out more information. Using the same language can help make them feel at ease - e.g. asking someone what their preferred name and pronoun is, and using this.

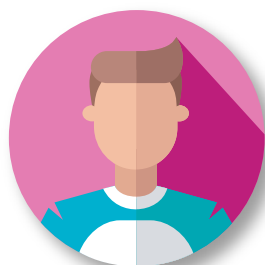
Be open and honest if you are unsure about anything, let them teach you - but remember your boundaries. If it would be inappropriate to ask a non-trans person (someone who's birth sex corresponds to their gender identity) a question, you shouldn't ask a transgender person.

SEXUALITY & SEXUAL ORIENTATION

Sexuality is the sum of various aspects of attraction and behaviour that add up to how a person expresses themselves as a sexual being. One aspect of this is a person's sexual orientation; whether they identify as lesbian, gay, bisexual, straight, pansexual, asexual or queer. Identity is the most important part of someone's sexual orientation as it can only be determined by the individual.

Sexuality is diverse and can change over time. All young people have the right to be in relationships or have a partner, regardless of their gender or sexual orientation.

Gender identity, gender expression and sexual orientation are separate things. Just because someone is trans does not mean they will be lesbian, gay or bisexual.



SEXUALLY TRANSMITTED INFECTIONS (STI)

Unprotected sex puts a person at risk of contracting an STI.

The risk of catching an STI from unprotected oral sex is lower than from unprotected vaginal or anal sex, but there is still a risk. Some infections can be transmitted by hands, fingers and mutual genital rubbing. It is important to wash hands before and after sex.

Many STIs have no symptoms so the only way to know if a person has one is to have regular checks.

These are free, confidential, quick and easy and can be done at a sexual health service or GP.

A young person should get a check when they start a new relationship, if they have put themselves at risk or had unprotected sex.

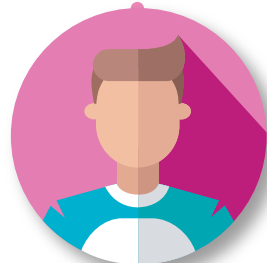
Condoms & Dams

Condoms come in different shapes and sizes - finding ones that fit and are comfortable reduces the chance of them splitting or slipping off. c:card offers free condoms. A dam is a very thin, soft plastic square, which covers the anus or female genitalia. Condoms and lubes can be flavoured.

Condoms and dams reduce the risk of catching and transmitting sexually transmitted infections (STIs), including HIV.

A dam or a condom can be used during oral sex but avoid oral sex if either person has cuts, sores or new piercing in and around their mouth, genitals, or anus. If dams or condoms are not used for oral sex, a young person shouldn't brush their teeth immediately before or after.

66%
of chlamydia infections are in
people under 25
(HPS Surveillance Report 2018)



HIV & PrEP

The only way to know if someone has HIV is to get tested. You are putting yourself at risk if you do not know the other person's HIV status.

Late diagnosis causes half of all HIV related deaths.

If someone has had unprotected sex in the last 72 hours (three days) and think they have been exposed to HIV, they may be able to use PEP (Post-Exposure Prophylaxis) which can reduce the chance of becoming HIV positive. Visit Chalmers Sexual Health Centre, a GP or A&E as soon as possible.

PrEP (Pre Exposure Prophylaxis) is a pill that can stop the person taking it from getting HIV. It is extremely effective at preventing HIV when taken as directed, with few side effects. PrEP is for HIV negative people who are at high risk of getting HIV.

Taking PrEP involves taking pills (usually daily), regular checks, and urine and blood tests. The drug stops HIV from staying in their body. PrEP only prevents HIV.

PrEP is available on the NHS from Chalmers Sexual Health Centre or it can be bought online. If they are thinking of buying PrEP online they can speak with a Chalmers or outreach clinic staff person before buying anything. Different tools work for different people at different times. To find out if someone is eligible for PrEP visit: <https://prep.scot/>

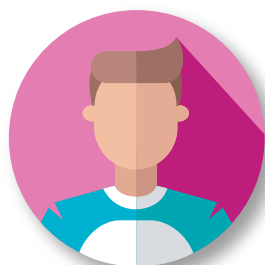
Undetectable = Untransmittable. There is evidence that the risk of HIV transmission from a person living with HIV who is on treatment and has an undetectable viral load is extremely low. When a person has achieved an undetectable viral load for at least 6 months, the virus cannot be passed on.

Lube

c:card offers free lube. Lubes can be flavoured.

Anal sex carries a higher risk of STIs and HIV than many other types of sex. The thin lining in the anus means it can be easily damaged and increases the risk of infection.

Always use extra water-based lubricant (lube) on the condom during anal sex. Never use oil-based lubricants (like massage oils or Vaseline) with latex condoms – they can break.

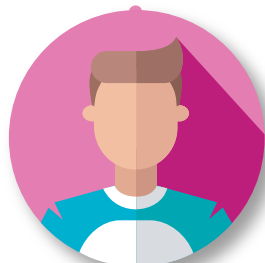


Alcohol, Drugs & Chemsex

Alcohol and drugs can make it more difficult for a person to say clearly what a person does or doesn't want. In some instances someone may be unable to give consent due to the intoxicating effect of these substances. While alcohol or/and drugs may calm someone's nerves or make them more confident, but they are less likely to use condoms, which puts them at greater risk of getting a STI, including HIV. Alcohol and drugs can also make it difficult to get and sustain an erection (hard-on). They can also diminish a person's ability to feel physical pain, which can mean they don't notice warning signs of potentially dangerous physical injury during sex, especially rough sex.

Some people use drugs to enhance sex. Chemsex can increase the risk of STIs including HIV and Hepatitis C. It can involve injecting drugs and it is important not to share needles.

One in three women in the UK has an abortion at some time in their lives.



Contraception & Pregnancy

It's important to use contraception if a young woman has vaginal sex and does not want to get pregnant.

There are many different types of contraception - all of which are effective if used properly. A young person can talk to a health care professional about choosing the right contraceptive.

The most common types of contraception used by young women are the combined hormonal contraceptive pill, followed by the implant, and then the Progestogen only pill.

Contraceptive Pill

There are 2 types of contraceptive pill.

The Combined Hormonal Contraceptive Pill (COCP):

This contains oestrogen and progestogen hormones, similar to natural hormones. It is reliable for contraception and can have extra benefits like lighter periods and the option to avoid having a period at inconvenient times. There are a wide range of pills.

Progestogen only pill (POP) 'the mini-pill'

This contains no oestrogen and is a much lower dose pill than the combined one. It can be used by women who are unable to take the combined pill for medical reasons. There are different types of progestogen-only pill.

Not everyone can use these pills and like most medications, there can be side effects. A sexual health service or GP can give a young person advice.

32%
of people under 20 get pregnant
(ISD 2016)



Long Acting Reversible Contraception (Larc)

LARCs are very effective (over 99% reliable) in preventing pregnancy and a young person does not have to remember to take pills. They do not protect against sexually transmitted infections (STIs), including HIV, which is why it is important to use a condom when having penetrative sex.

- Implant works for 3 years, but can be taken out sooner.
- Intrauterine device (IUD) (coil) can stay in for 5 to 10 years, but can be taken out sooner.
- Intrauterine system (IUS) works for 5 years, but can be taken out sooner.

All LARCs are free through the NHS and are available from a GP or sexual health service.

Condoms come in different shapes and sizes - finding ones that fit and are comfortable reduces the chance of them splitting or slipping off. c:card offers free condoms and lube. A dam is a very thin, soft plastic square, which covers the anus or female genitalia.

Condoms and lubes can be flavoured.

Condoms and dams reduce the risk of getting pregnant.

Never use oil-based lubricants (like massage oils or Vaseline) with latex condoms – they can break.

Emergency Contraception

If a young person thinks they are at risk of an unwanted pregnancy, they must go to a pharmacy as soon as possible (it must be within 3 days but can be up to 5 days) and ask for emergency hormonal contraception. The sooner they take emergency contraception after unprotected sex, the more effective it is.

It is free from all pharmacies in Lothian. It is a good idea to ring ahead and check that there is someone there who can help. They can also go along to a sexual health service, GP or A&E.

Another option is getting an IUD (coil). An IUD for emergency contraception is far more effective than emergency hormonal contraception and gives ongoing contraception. This is available from a GP or sexual health service – can keep this in, but not really an ideal option for most young women.

Pregnancy

If a young woman has had unprotected sex and their period is late, lighter than usual, or they have tender breasts, feel nauseous or are sick, they may be pregnant. However, it is crucial to stress that in some instances a small number of people do not have any or many symptoms. It is important to get a pregnancy test and seek advice without delay.

Free pregnancy tests are available at the Croft Street Healthy Respect + clinic, and clinics at Dalkeith Medical Centre, Chalmers Sexual Health Centre and a GP. The School Nurse can also offer advice and support.

Abortion/Termination

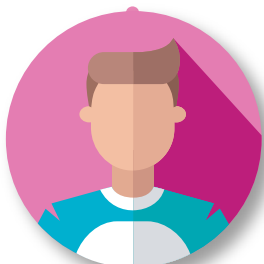
Around half of all pregnancies are unplanned. The decision to have an abortion is not always an easy one and it can be a very emotional time. If a young person thinks they might be pregnant, time is really important so they should visit their GP or local sexual health service.

All young women have the right to make decisions about their bodies and decide if, when and how to have a child. It is important that a young woman does what feels right and to not be pressured by anyone else. They can visit a GP or sexual health service to explore their options in a confidential setting.


It is important to approach and discuss this topic in a non-judgemental way. The young person may have a range of emotions – upset, worried, scared, and angry and you may be the only person they are comfortable talking to. Create a safe environment for them to discuss their feelings and ask their questions.

Chalmers Sexual Health Centre has a self-referral service for women who wish to discuss unplanned pregnancy and/or termination. Either the patient or their worker can call 0131 536 2524 between 9am and 3pm Monday to Friday. It is best to be in a quiet and private space, as the staff will ask a series of personal questions.

One in three women in the UK has an abortion at some time in their lives.



Underage Sex

 The law states that sexual intercourse or oral sex between young people under the age of 16 is a criminal offence under the Sexual Offences (Scotland) Act 2009.

If you become aware of a situation where Underage Sexual Activity has taken place you have a duty to consider the impact that this has had on the young person and whether this behaviour is indicative of a wider child protection concern.

Police Scotland's standard operating procedures request that such offences are managed through the Child Protection procedures if there is cause to believe that the young person themselves, or another young person, is deemed to be at risk from harm. In some cases sexual activity will be wholly consensual; in others it will be in response to peer pressure or as the result of abuse or exploitation. It is essential to consider the dynamics of the actual relationship between those involved, consent, the ages of those involved, and the circumstances of the sexual activity and the vulnerability of the young person.

Young people are entitled to the same levels of confidentiality as adults. The need to share information and breach confidentiality should only be discussed where there are clear causes for concern. Under age sexual activity may not always be grounds for child protection concerns and referral.

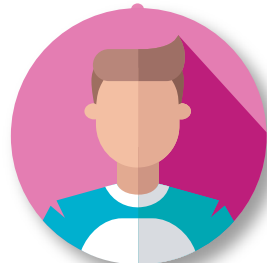
The National Guidance, Under age sexual activity: meeting the needs of children and young people and identifying child protection concerns (SG 2010), and the Edinburgh, Lothian and Borders Executive Group Under-Age Sexual Activity Inter-Agency Guidance (2011) are useful resources.

The Sexual Offences (Scotland) Act 2009 states that young people under the age of 18 could be subject to 'sexual abuse of trust'. It is essential that those between the ages of 16 and 18 do not fall through the gaps in services and that all young people are provided with support and protection. Sexual Offences (Scotland) Act 2009;

www.legislation.gov.uk/asp/2009/9/pdfs/asp_20090009_en.pdf

27% of girls 24% of boys
had sex under 16

(Health Behaviour in school aged children, survey 2014)



Online Safety & Social Media

A young person should know whom they are speaking **with online**. They should not share personal information with people they do not know.

Meeting up with someone who they have met online can be dangerous. If they do meet, they should let a friend or adult know.



It is illegal to possess a nude image of anyone under 18 years old as it is viewed to be child pornography.

Sexting & Sending Photos/Videos

Young people should not send anything they would not like to be public. If they sext, it should only be with people they know, care for and trust, and who cares for and trusts them.

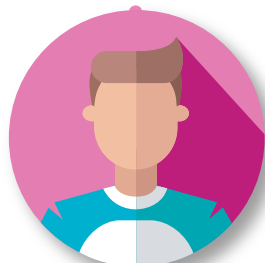
'Sexting', or sharing sexual images online can carry significant risks - images can end up in the hands of a whole school or adults seeking to groom children. On-line sharing of sexual images could appear in criminal record checks which could undermine a young person's life chances.



It is illegal to share, or threaten to share, intimate images or videos of someone without their consent. 'Revenge porn' is not about revenge, and it's not about porn. It's about power, control and humiliation.

14-30%
young people have sexted.

NSPCC Snapshot, Sep 2018



Pornography

Although there is no risk of getting a STI or becoming pregnant from using porn, it carries other risks. Images online and in films portray a fantasy. What happens in porn is not real life.

The debate surrounding the impact of frequent exposure to pornography as causal to sexually aggressive or coercive behaviour and sexual offending in young people and the role of the internet in incubating negative behaviours, including harmful sexual behaviour is complex. Some young people are very significantly affected by what they are exposed to on-line – this may be linked to determining factors including life experiences, social circumstances and support mechanisms. There is much to be done in relation to preventative work in schools and at home in reducing the harm of young people accessing inappropriate online material.

Harmful Sexual Behaviour

Power can play a role in harmful sexual behaviour. The power difference can be through a difference in age, emotional maturity, gender, physical strength or intellect. This might not be straightforward when taking into account learning difficulties or developmental needs.

Harmful sexual behaviour includes 'peer-on-peer' abuse (behaviour which is harmful to the young perpetrator as well as the victim), 'face to face crimes' (sexual assault and rape) and 'other sexual crimes' (making someone view sexually explicit material, online activity). Both victims and perpetrators of 'other sexual crimes' are much younger on average.

⚠ Young people involved in sexual exploitation, sexual abuse and harmful sexual behaviour often exhibit similar risk factors. Young people who display harmful sexual behaviour are often identified as victims of child sexual abuse or at risk of significant harm (Barnado's).

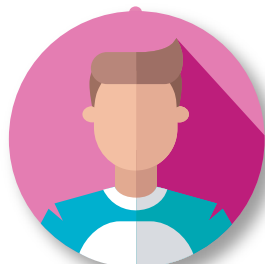
59%

of victims of 'other sexual crimes' were under 16

(Scottish Government 2017)

82.7%

of young people aged 11-17 who experienced sexual abuse by a peer did not tell anyone else about it (see endnote 5).



Sexual Exploitation

Sexual exploitation is a form of sexual abuse in which a person(s), of any age takes advantage of a power imbalance to force or entice a young person into engaging in sexual activity in return for something received by the young person and/or those perpetrating or facilitating the abuse.

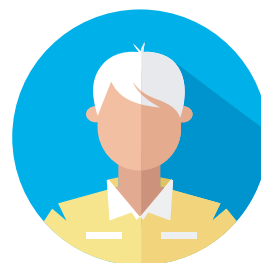
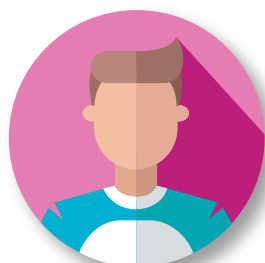
The presence of perceived consent does not undermine the abusive nature of the act. The key factor that distinguishes sexual exploitation from other forms of sexual abuse is some form of exchange; the fact that the young person and/or someone else receive something in return for the sexual activity: this can take the form of tangible or intangible rewards (money, drugs, status, protection, affection or fear of what might happen if they do not comply).

Where the gain is solely on the part of the perpetrator/facilitator, it must be something more than sexual gratification. This could be money, other financial advantage (reduced cost drugs/alcohol or discharge of a debt), status or power. The young person may think the abuser is their friend or boyfriend/girlfriend.

Examples of sexual exploitation:

Sexual exploitation can include both contact and non-contact sexual activities and occur online or in person, or a combination of both such as:

- A 21 year old male persuading his 17 year old 'girlfriend' to have sex with his friends to pay off his drug debt
- A 14 year old male giving a 17 year old male oral sex because the older male has threatened to tell his parents he is gay if he doesn't do this
- A 14 year old female being told she has to have sex with a 16 year old gang member and his two friends if she wants the protection of the gang
- A 13 year old female offering and giving an adult male taxi driver sexual intercourse in return for the taxi fare home
- Three 15 year old females being taken to party houses and given 'free' alcohol and drugs, then told they have to 'pay' for them by having sex with six adult males
- A 15 year old female who views a 21 year old male as her 'boyfriend' and engages in sexual activity with him, as he has said he will end the relationship with her if she doesn't



The Four Cs

When thinking about how young people can be sexually exploited it is helpful to consider the following:

- **Content:**

What can the person access online and what is the content of their online communication?

- **Contact:**

Is the person being targeted by a stranger who wants to develop a relationship with them? Is this online, over the phone, face to face? Is their intention to sexually exploit the young person?

- **Conduct:**

Is the young person creating, uploading or seeking sexually inappropriate material? Are they behaving in a way that increases their vulnerability to child sexual exploitation?

- **Combinations:**

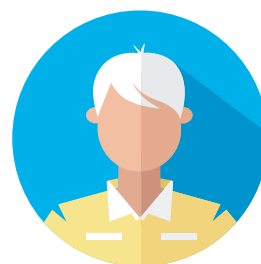
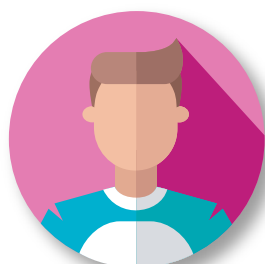
The above three areas are intrinsically linked and young people can be exposed to different risks at different times.

The Sexual Exploitation Risk Assessment Framework is a tool to use alongside the National Risk Assessment Toolkit when considering a young person's risk of CSE and suitable responses.

For young people under 16 years who are at risk of causing significant harm to themselves or others referral to the reporter should be considered as there are specific grounds of referral which may be relevant.

Everyone should be aware of sexual exploitation but in particular key frontline workers include taxi drivers, security staff, concierges, staff in pubs, clubs and hotels and all those who work in the night time economy (takeaways, petrol stations etc). No matter who raises a concern, it should be progressed in accordance with the Edinburgh and Lothian's Inter-agency Child Protection Procedures.

Sexual exploitation is a form of sexual abuse—if it is suspected—**ALWAYS initiate an IRD.**



Useful Contacts

East Lothian and Midlothian Public Protection Office
<https://emppc.org.uk/child/>

National Guidance, Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns, The Scottish Government (2010);

www.gov.scot/resource/doc/333495/0108880.pdf

Edinburgh, Lothian and Borders Executive Group Under-age Sexual Activity Inter-Agency Guidance (2011);

http://emppc.org.uk/file/Child_Protection/ELBEG-Under-age_sexual_activity_inter-agency_guidance-2011.pdf

Sexual Offences (Scotland) Act 2009;

www.legislation.gov.uk/asp/2009/9/pdfs/asp_20090009_en.pdf

c:card www.ccard.org.uk

Free condoms, lube and dams from points across Lothian.

Dalkeith Medical Centre

www.lothiansexualhealth.scot.nhs.uk

Weekly sexual health clinic for STI testing, contraception, pregnancy testing, advice and support.

Healthy Respect www.healthyrespect.co.uk

Drop in information or advice about sexual health at Chalmers Sexual Health Centre Edinburgh

Chalmers Sexual Health Centre

www.lothiansexualhealth.scot.nhs.uk Daily sexual health clinics for young people and adults

LGBT Youth Scotland www.lgbtyouth.org.uk Services for LGBT people under 25 and professionals.

Gender Intelligence www.genderedintelligence.co.uk

Stonewall www.stonewall.org.uk

MYPAS (Midlothian Young People's Advice Service) (12-21)
www.mypas.co.uk

Pharmacies/chemists, Free pregnancy tests, emergency hormonal contraception, and other contraceptive information.

NUDE SELFIES: What Parents and Carers Need to Know
www.thinkuknow.co.uk/teachers/resources Advice on how to help keep children safe from sharing nude and nearly nude images.

No. 54, NHS Lothian/Barnardo's Skylight service attached to CAMHS supports young people affected by sexual abuse and those who have engaged in harmful sexual behaviours.

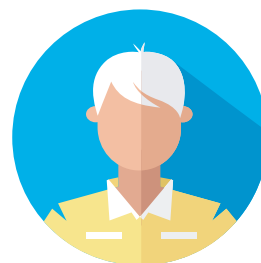
Stop it Now, sexual abuse prevention campaign.

Police Scotland CSE awareness Stakeholder Toolkit

NSPCC <https://learning.nspcc.org.uk/> Online training and information for parents on keeping safe and sexting

Childline - www.childline.org.uk Information on online porn, sexting, grooming, online gaming etc.

Child Exploitation and Online Protection Centre -
<http://ceop.police.uk/> Advice and support around dealing with an incident of 'sexting'




SMOKING & VAPING


7% of 15 year olds are regular smokers, 5% occasional smokers and 88% are non-smokers (see endnote 6). This rises with age and 21% of 16-24 year olds smoke.


Young people tend to underestimate the addictive nature of nicotine which contributes to the misperception that it's ok to experiment with smoking.

Risk factors:

- weaker engagement with school
- if their parents smoke
- having fewer friends or older friends
- more unstructured leisure
- use of alcohol and other drugs (see endnote 7).

 It is illegal to sell any tobacco products to anyone under the age of 18 (see endnote 8).

 It is illegal for anyone under 18 to buy or attempt to buy any tobacco products. If someone under 18 is in possession of cigarettes, tobacco or cigarette papers in a public place a police officer can confiscate them.

 It is illegal for someone age 18 or over to buy cigarettes for anyone age under 18. Alternative 'social sources' of tobacco such as friends and adults are often viewed by young people as a suitable source for obtaining smoking paraphernalia.

E- Cigarettes & Vaping

E cigarettes are less harmful than smoking tobacco and are useful to help stopping smoking

 **It is illegal to sell e-cigarettes to a person under 18.**

Schools and youth projects should treat e-cigarettes in the same way as ordinary cigarettes: young people and adults should not be permitted to use them on the premises.

7%

of 15 year olds regularly smoke

(SALUS survey 2015)



Second-hand Smoke*

People exposed to second-hand smoke face the same dangers as smokers. They inhale the same poisonous gases and toxic chemicals.

Smoking in one room, even with the door closed, will not stop these harmful chemicals spreading to other areas of the home. Smoking in a car exposes all passengers to harmful chemicals.



It is illegal to smoke in a car with people under 18 years present.

Children breathe faster than adults so take in more of the harmful chemicals in second-hand smoke. Pregnant women exposed to second-hand smoke will pass on harmful chemicals to their babies. Babies and children exposed to a smoky atmosphere are likely to have increased risk of:

- Breathing problems, illnesses, infections, wheezing illness and asthma
- Reduced lung function
- Sudden and unexpected death in infancy (SUDI)
- Ear, nose and throat problems; in particular middle ear disease
- Increased risk of developing bacterial meningitis, bronchitis, pneumonia and acute respiratory illnesses

People are four times more likely to quit if they use NHS specialist support services.

*See endnote 9.



Useful Contacts

Smoke Free Lothian

Text 'stop smoking' to 07969 530266 for support to stop smoking. Alternatively email their name, date of birth and contact number to SmokeFreeYouth@nhslothian.scot.nhs.uk. Please advise if permission has been given to allow Smokefree Lothian to text the young person if they can't be reached by a telephone call.

Training – 'Raise the issue of smoking':

FREE online and practical training for staff.
Diana.martin@nhslothian.scot.nhs.uk



ALCOHOL & DRUGS

Experimenting with alcohol or drugs can put people at immediate harm or lead to later problems. Alcohol and drugs are powerful psychoactive substances. Problematic alcohol and/or drug misuse is defined as “when the use of drugs or alcohol is having a harmful effect on a person’s life, or those around them” (see endnote 10).

The misuse of drugs and/or alcohol can result in a number of negative outcomes e.g:

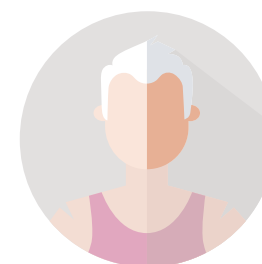
- Physical harm – organ damage, damage to brain development and memory
- Psychological harm – vulnerability possibly leading to unsafe situations, mental health implications
- Involvement in anti-social & offending behaviour
- Family disruption/ breakdown
- Poor attendance at school/ underachieving at school

Risk Factors:

- disengagement with school and indications of disengagements, such as subject performance declining interest, homework not completed
- lower supervision and structure in leisure time (a greater number of evenings spent out with friends)
- more time spent ‘hanging out in the street’
- mostly has older friends
- lower levels of club/group membership and lower parental knowledge of activities.

Alcohol and drug misuse among young people ‘is usually a symptom rather than a cause of their vulnerability and compounds other problems in their lives (see endnote 12)’. Substance use might be seen as a ‘marker’ that should draw attention to underlying conditions and circumstances.

8%
of 15 year olds usually drink at
least once a week
(SALUS survey 2013)



Alcohol

There is no safe drinking level for under 18s.

The effects of alcohol will vary from person to person and can be affected by gender, body weight, whether someone has eaten and their own tolerance.

A young person should not feel pressurised into drinking or put pressure on others to drink. It's their call. Friends will respect their decision. Most under 18s don't drink on a regular basis.

Alcohol can be harmful to both the user and others around them (See note 15.) in a number of ways:

- losing their phone, money or other valuables
- vomiting, falls, trips leading to broken bones, getting knocked down by a car
- being involved in an argument, fight or being mugged for money or their phone
- doing something they later regret such as sexting or sending inappropriate photos
- having pictures taken of them when they are 'out of it' which later appear on social media

Use With Care

Young people should eat something like pasta or pizza before drinking and avoid preloading at home as they may drink too much too quickly.

A young person should steer clear of drinks they have not tried before and take care when on holiday as they could be drinking in a way that is different to how they do at home. They should drink slowly and pace themselves and not worry if others are drinking at a faster rate. Try to have a soft drink or water between drinks. Avoid buying rounds and drinking games. Try pairing up with a mate. Don't take drinks from strangers, even if they seem friendly, and never leave a drink unattended.

Getting Home

It is important that a young person thinks about how they will get home safely. They could book a taxi in advance and try to share it with friends. A text to a parent or carer about where they are or when they will be home only takes a few seconds. They should look after their mates and make sure they get home safely.



Energy Drinks & Alcohol

Avoid mixing alcohol with other drinks especially those that have high levels of caffeine as this makes a person feel more alert and disguises the amount of alcohol they have actually

drunk. Drinking energy drinks with alcohol can trick the brain and lead to a state called 'wide awake drunk'.

Units Of Alcohol

Drinking a half bottle of vodka is the same as 13 units of alcohol - virtually the weekly recommended level for an adult.

A 75cl bottle of a popular tonic wine has 10.5 units of alcohol.

Most shots contain a unit of alcohol.

It's best not to drink if a young person is taking any form of medication or drugs

Sex

Alcohol can lower a person's inhibitions which can result in unintended events such as having unplanned sex. They should have condoms with them and if they do have sex they need to make sure the other person is in a position to give their consent - drunken sex is not consensual sex. Alcohol and drugs can make it more difficult for someone to say clearly what they want or don't want.

Drink and drugs may calm someone's nerves or make them more confident for a bit, but they are less likely to use condoms, which puts them at greater risk of getting STIs and HIV. Alcohol and drugs can also make it difficult to get and sustain an erection (hard-on).

Alcohol and drugs can also diminish people's ability to feel physical pain, which can mean they don't notice warning signs of potentially dangerous physical injury during sex, especially rough sex.

A young person is more likely to practice safer sex if they and the other person are not under the influence of alcohol and drugs, including legal highs.



DRUGS

The only way to avoid all risks is not to take any drugs.

A young person shouldn't feel pressurised into 'just having a try'. It is important to provide information but we need to avoid terminology that makes drugs appear attractive as people may seek out drugs identified as high dose or high-potency.

All drug use, whether regular/occasional, illegal/prescribed comes with a risk, sometimes deadly. Getting a criminal record can affect their future employment and the ability to travel. Certain drugs affect males and females in different ways.

When supporting someone to recover from problematic alcohol or drug use, tools such as DUST (Drug Use Screening Tool) can identify risk and protective factors.

Use With Care

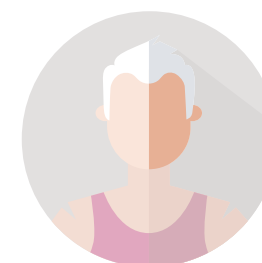
Young people should start low and go slow especially if they are taking a drug for the first time. Different drugs react at different speeds. How they take it will affect the reaction time. A slow response does not mean that it is not working. They should avoid injecting as it has risks such as getting the dosage right and can spread of viruses such as Hep C and HIV.

They should eat properly, drink enough water to keep hydrated and avoid caffeine drinks and alcohol.

They need to look after their friends; they can tell them to slow down and not let them wander off. Some changes in behaviour can be a sign that their friends may be reacting badly to the drug(s) and possibly of overdose. Snoring could be a sign of distress and overdose. If a person is asleep they should be placed in the recovery position. If they are unconscious place them in the recovery position and call an ambulance immediately.

It is better to make sure someone else is with them who knows what they have taken and if they have used alcohol or any other drugs as well.

14%
of 15 year olds had tried drugs
(SALUS survey 2013)



Think Ahead

No amount of planning can ensure someone will have a safe or enjoyable experience or that a drug will always give the same effect. Get information from a trusted source such as www.crew2000.org.uk or www.askfrank.com

Get drugs from people they know and trust. They should avoid buying from strangers at the last minute and don't be pressurised to try something they are unfamiliar with. If they buy drugs on the internet there is no guarantee what they will contain. Some pills may be fakes whose effects are unpredictable and dangerous.

Drug use can lower inhibition and raise desire. Young people should be reminded to carry condoms and make sure their partner is in a position to consent to having sex.

Many drugs have unpleasant after effects the 'come down'. Find out what these are.

Don't Mix

Mixing drugs (including alcohol) increases the risk of dangerous side effects that can be unpredictable and vary from person to person. Some drugs are especially risky to mix and should be avoided;

- Cannabis + alcohol
- Ecstasy + alcohol
- Cocaine + alcohol
- Alcohol + opioids and downers
- Illegal drugs + prescription drugs, such as Painkillers (oxycodone, tramadol, co-codamol) or Anti-depressants (prozac), tranquilisers and sleeping tablets (diazepam)



Cannabis

Cannabis is the most common drug of choice.

It's use is often experimental, lasting for only a short period of time. A minority of users develop persistent and problematic use (strongly associated with regular, long-term and high dose use) which can cause:

- poor physical health (e.g. chronic respiratory symptoms)
- poor mental health (e.g. dependence and psychotic symptoms)
- social and economic problems arising from poor school performance, failure to complete school, impaired work performance
- involvement in the criminal justice system

Cannabis comes in different forms; resin, a concentrated resin form called 'shatter', herbal blend, bud and oil. It can be smoked as a joint, pipe or bong or from a vaporizer and can be eaten. How someone ingests it alters the effect it can have on them.

Smoking is the most common way – this is highly addictive, makes it hard to stop and increases the risk of bronchitis, asthma, lung cancer, as well as disorders of the heart and circulation.

Cannabis has a higher concentration of chemicals which can cause cancer. Take short puffs when inhaling, it gives the same effect and it does less damage to the lungs.

It is hard to judge how much to take if eating cannabis, the effects take longer to come on, will last longer and can be more intense. Because of this wait at least an hour before re-dosing.

Vaping is more expensive but the effects will be felt more quickly.

Avoid mixing cannabis with other drugs and with alcohol.

Avoid using synthetic cannabinoids often referred to as legal highs. They are no longer legal, are certainly not safe and their effects on humans is not known.

As with all psychoactive substances a person's judgement will be impaired so avoid any risky situations. Never drive while under the influence of any substance.



MDMA (Ecstasy, Molly, Mandy)

Now is an even more risky time to experiment with MDMA as many tablets are much more powerful than their predecessors sometimes by as much as three to four times. Start with a ¼ or ½ tab, a dab and wait at least two hours before re-dosing but remember this increases the level of risk.

The effects of MDMA are less predictable than other drugs. It affects men and women in different ways and a women's menstrual cycle and changing hormone levels play an important role in their reaction.

Useful Contacts

MYPAS (12-21)

drug & alcohol support, individual & family counselling (12-18) & art therapy (12-18).

HEALTHY RESPECT

information on substances, including psychoactive drugs

CREW

information, advice and support including recovery support and DJ workshops

KNOW THE SCORE 0800 587 587 9.

Free advice 24/7

POLICE SCOTLAND

Film looking at the choices you may face when feeling pressured to take drugs or alcohol.

MIDLOTHIAN AND EAST LoTHIAN DRUGS AND ALCOHOL PARTNERSHIP (MELDAP)

www.meldap.co.uk

Reduce the harm caused to individuals, families and communities by the misuse of alcohol and drugs

DAS

Supporting for young people effected by parental substance misuse

FRANK www.talktofrank.com

SCOTTISH RECOVERY www.scottishrecovery.net



SELF HARM

Self-harm is non accidental self-poisoning or self-injury. It is a behaviour, not a mental illness; it is a way of managing distress.

Girls are 3 – 4 times more likely to report self-harm than boys. There is underreporting due to fear; 3 out of 4 people didn't know who to speak to for help.

Why Do Young People Self-Harm?

Self-harm can be a way of managing emotions to enable a person express difficult feelings. Physical pain can often be seen as easier to deal with emotional pain. However, the behaviour only provides temporary relief and fails to deal with the underlying issues.

Another function of self-harm is a way of communicating something.

"I've always been angry at...everything, and things just build and build until I feel like I'm going to explode. I remember the relief I felt the first time I self-harmed, it made me feel like I didn't want to punch the wall or the teacher, so for me it was about trying to keep myself from doing something I'd regret later." CAMHS.

Self-harm may last for a short time or become a long-term problem. Some people self-harm, stop for a while, and return to it months or years later, in times of distress.

The reasons people self-harm can change for each episode but can include:

- relieving intense feelings, pressure or anxiety
- providing a sense of being real, being alive – of feeling something other than emotional numbness
- externalising emotional pain
- controlling and managing pain (unlike the pain experienced through physical or sexual abuse)
- self-soothing to calm intense emotions
- punishing themselves for having strong feelings or because they feel they are bad and undeserving (e.g. following abuse, some people believe it was deserved)
- self-nurturing, if they attend to their wounds
- asking for help
- influencing others (e.g. making people feel guilty or bad, making them care, or making them go away)

10%
of young people self harm.
(NHS Health Scotland 2013)



⚠ Risk Factors:

- Life events such as – bereavement, abuse, exam stress, parental divorce
- Trauma or abuse
- Low self-esteem; feeling of worthlessness
- Withdrawal from activities that used to be enjoyed
- Poor body image
- Bullying or peer pressure
- Isolated or feeling rejected, changes in friendships or relationships
- Difficulties associated with sexuality or gender identity
- Any mood changes – unhappy, anger, sadness, mental health issues

Signs to look for

- Wearing long sleeves or clothing that is inappropriate for the activity
- Spending more time in the bathroom
- Unexplained cuts or bruises, burns or other injuries
- Razor blades, scissors, knives, plasters have disappeared
- Unexplained smell of substances such as Dettol, TCP
- Changes in eating or sleeping patterns
- Increase or starting to use alcohol and/or drugs

- Spending more time alone and becoming more private or defensive
- Difficulties associated with sexuality or gender identity
- Any mood changes – unhappy, anger, sadness, mental health issues

Anyone can self-harm. However 'at risk' groups include:

- Young people who have experienced abuse
- Girls and young women, in particular Asian women
- Young people in a residential setting or Looked After Children
- Lesbian, gay, bisexual and transgender people
- Young people in isolated rural settings
- Young people who have a friend or family member who self-harms or are part of a sub culture who self-harm



Taking Action

When a young person shares with you that they have been self-harming take all reports seriously.

- If serious injury, go to A & E or call 999 or NHS 24
- Keep calm. Make sure the young person is safe
- Listen empathetically
- Explain your role and the limits of your confidentiality
- Be aware of other related issues to consider
- Perform first aid if appropriate and seek advice

Your skills of empathy, understanding, non-judgmental listening and respect for individuals are all vital. Young people will seek out the adult of their choice. It is important that anyone feels they can support the individual.

Commonly when young people are referred to other services or agencies for support they can fail to attend. This could be due to the uniqueness and trust of the relationship with the person they have initially chosen to disclose to.

Types Of Self Harm

- Cutting
- Biting
- Burning, scalding, branding
- Picking at skin, reopening old wounds
- Breaking bones, punching; head banging
- Hair pulling; including eyebrows and lashes
- Ingesting objects or toxic substances or overdosing with a medicine
- Practices such as tattoos, piercings
- Rituals, for example, cultural behaviour or rites of passage
- Risk taking behaviours: alcohol, diet, sexual behaviour, driving too fast



SUICIDE

Suicide attempts in young people nearly always follow a stressful event or life crisis or an inter-personal loss, for example relationship problems, bereavement or family break-up.

Risk factors:

- Sexual/physical/emotional abuse
- Bullying
- Bereavement
- Low socio-economic status, poverty
- Care experienced children and young people
- LGBT young people
- Involvement in the criminal justice system
- Parental neglect
- Any type of loss including job, relationships/friendships, attainment, home or pet
- Substance misuse
- Previous suicide attempts
- Previous or ongoing mental health difficulties
- Previous or ongoing physical conditions, eg, chronic pain
- A suicide in the family or close circle

Invitations for help/warning signs

- Dwelling on insoluble problems
- Talking about methods of suicide
- Giving away possessions
- Hints that “I won’t be around” or “I won’t cause you any more trouble”
- Change in eating or sleeping habits
- Withdrawal from friends, family and usual interests
- Violent or rebellious behaviour or running away
- Drinking to excess or misusing drugs
- Feelings of boredom, restlessness, self-hatred
- Failing to take care of personal appearance
- Becoming over-cheerful after a time of depression
- Hints given on social media
- Ongoing difficulties managing feelings following the loss of an important person or pet (including music or sports idols)



Common myths:

“Those who talk about suicide are the least likely to attempt it.”

FACT: Those who talk about their suicidal feelings do attempt suicide. Many people who take their lives will have given warning of their intentions in the weeks prior to their death.

“Talking about suicide puts the idea in someone’s head.”

FACT: Giving someone the opportunity to explore their worst fears and feelings may provide them with a lifeline which makes all the difference between choosing life and choosing to die.

When young person has just self-harmed or is in the act of trying to take their own life and is in need of significant medical treatment.

- Phone 999 or take the person directly to A&E (if safe to do so);
- Keep safe – do not endanger your own life;
- Perform first aid if it is necessary and safe to do so;
- If the person is drinking alcohol or taking drugs, try to get them to stop; Remove the means if possible;
- Listen empathetically. Problem solve jointly with the young person to resolve difficulties.
- Keep calm and reassure the young person and those who may have witnessed the incident.
- Follow Child Protection Procedures.
- Seek support from your line manager or other relevant person.
- Ease distress as far as possible.



“You are mentally ill if you’re talking about suicide.”

FACT: Most people who die by suicide do not have a diagnosable mental health condition. Most are experiencing distress caused by life events.

“If someone is serious about wanting to die there is nothing that can be done to help.”

FACT: Often thoughts of suicide can be temporary. Getting the right support and help at the right time is what’s needed. What they need is relief from the pain that they are experiencing.

If you’re concerned the person may act on their thoughts of suicide, seek advice.

Contact:

- Phone 999 or take the person directly to A&E (if safe to do so)
- CAMHS
- Children and Young People Team
- Education Officer
- Child Protection Officer
- NHS 24 on 111. Do not leave a person alone who you feel might injure or kill themselves. Take them to someone or ask someone else to bring help

If the young person has suicidal thoughts but does not have a plan to act on their thoughts, and you do not think they are in imminent danger:

- Listen non-judgmentally and take them seriously
- Do not promise secrecy. Encourage/support them to contact their GP or NHS 24 on 111
- Encourage them to contact a helpline such as:
The Samaritans (08457 90 90 90),
Breathing Space 0800 83 85 87,
ChildLine 0800 111
- Consult with relevant agency for advice e.g Mental Health Link worker, CAMHS, Educational Psychologist so that you are not left alone with the situation
- Consider discussions with parents/carers or other significant others
- Ensure there is ongoing support for them within school/organisation

It can be difficult to tell whether a young person is in imminent danger, They may not be in danger today, but could be next week.

Completed Suicides

It is critical to give clear messages after a suicide:

- Expressing grief reactions is important and appropriate
- Feelings such as guilt, anger, and responsibility are normal
- There must be no secrets when suicide is a possibility and if any young person is worried about themselves or anyone else, they should feel able to talk about it

Groups at risk following a suicide include:

- The affected class/year
- Friends or siblings in other year groups/schools
- Young people who have experience of loss
- Young people who are victims of abuse/bullying
- Young people who are in families under stress
- Care experienced young people
- Eyewitnesses
- People with a history of suicide attempts or mental health difficulties
- Previous conflict with the deceased
- Person in receipt of note or call from deceased



A collection or memorial service may be considered but care should be exercised in the case of suicide – nothing should be done to glorify this event as modelling behaviour can be triggered. There are safety concerns associated with social media and online memorials. It would not be advisable to set up a permanent memorial (benches or trees). Instead, a collection to be donated to an identified charity in the person's name is an appropriate gesture with the family's consent and within an agreed timeframe.

Care should also be taken with any media contacts, and agencies should refer to their media communication policies. The NUJ guidelines for responsible reporting on mental health, mental illness & death by suicide 2014 can be found at: www.nuj.org.uk/documents/nujguidelines-for-responsible-reporting-on-mental-health/ 19

The attendance of young people and staff at funerals needs to be carefully considered. If pupil representatives are to go from school, permission from their parents should be sought and attention given to the emotional support available immediately after the funeral.

Consideration should also be given to the preparation of staff both prior to the funeral and after the service.

If you feel you need more support, make sure you bring this to the attention of your line manager.

The booklet published by the Scottish Association for Mental Health (SAMH) on 'After a Suicide' gives advice on practical matters and emotional reactions

http://www.samh.org.uk/media/125564/after_a_suicide.pdf

Supporting people bereaved by suicide: a good practice guide for organisations that respond to suicide

www.chooselife.net/Publications/publication.aspx?id is also useful.



Useful Contacts

Self-Harm: Information Session CAMHS Midlothian

Open to key staff working alongside young people

Scotland's Mental Health First Aid

Applied Suicide Intervention Skills (ASIST) - Accessed through Choose Life

SafeTALK - Accessed through Choose Life

On Edge Teaching resource on self-harm aimed at S2 SOBs (Survivors of Bereavement and Suicide)

<http://uk-sobs.org.uk/>

Support for people over 18 who have been bereaved by suicide.

Touched by Suicide

<http://touchedbysuicidescotland.org/>

Support people bereaved by the suicide of a close relative or friend.

CAMHS (Child and Adolescent Mental Health Service)

Eastfield Medical Practice

Children and young people (0 – 18 years old but mainly school age children) are referred to CAMHS if there are significant concerns about their mental health or wellbeing and when difficulties are impacting upon their day to day functioning.

Midlothian children services Duty Team

0131) 271 3860

Please contact the duty worker at your local social work office if you have any child protection issues or queries.

CRUSE

www.crusescotland.org.uk

Bereavement support with Dalkeith drop in service.

Richmonds Hope

www.richmondshope.org.uk

Continued on the next page.



Useful Contacts

Supporting bereaved children and young people.

www.nshn.co.uk (National Self-Harm Network)

www.recoveryourlife.com

www.selfinjurysupport.org.uk

www.winstonswish.org.uk

www.chooselife.net

www.papyrus-uk.org

www.nbp-eating-disorders.co.uk

www.midspace.co.uk

www.mind.org.uk

www.youngminds.org.uk

www.moodjuice.scot.nhs.uk

www.mentalhealth.org.uk

www.penumbra.org.uk

www.beatbullying.org

www.respectme.org.uk

www.b-eat.co.uk

www.needs-scotland.org

Scottish Eating Disorder Interest Groups

www.sedig.co.uk

www.handsonscotland.co.uk

www.thesite.org (16-25 year olds)

www.familylives.org.uk

www.turningpointscotland.com

www.scotland.shelter.org.uk

Scottish Domestic Abuse Helpline www.sdah.scot

www.abusedmeninscotland.org

www.shaktiedinburgh.co.uk

www.farminghelp.org.uk

(Rural Stress Information Network)

www.counselling-directory.org.uk



GAMBLING

Gambling is risking money or something of material value on something with an uncertain outcome in the hope of winning additional money or something of material value. Problem gambling disrupts or damages personal, family or recreational pursuits.

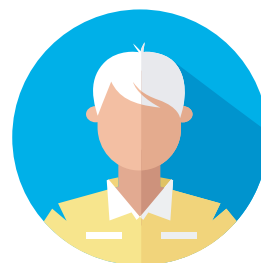
12% of 11-16 year olds had spent their own money on gambling in the past week. The most prevalent forms of gambling are fruit machines (4%), private bets with friends (3%) and National Lottery scratch cards (3%).

9% of 11-16 year olds had spent their own money on licensed gambling (i.e. where the either the operator or the premises requires a licence) spending an average of £10 on gambling a week.

On average, young people were 12 years old when they gambled for the first time. Among those who had ever gambled for money who could remember the first activity they gambled on, the most common initial activities were fruit machines (24%), National Lottery scratch cards (21%) and placing a private bet for money (11%). (See endnote13.)

Social gambler:

- Occasional gambler
- Hopes to win but expects to lose
- Gambles for entertainment
- Sets and sticks to limits of time and money



Problem gambler:

- Spends more time gambling and planning
- Expects to win
- Keeps playing to chase back losses
- Gambles to win or to escape problems
- Continues playing, uses needed money or borrows.

! Risk Factors:

- Being male
- Being young: teens to mid-twenties (18-25)
- Having a family history of frequent gambling
- Being unemployed
- Being in poor health
- Binge drinking
- Having lower educational qualifications
- Living in a low income household.

12%
of 11-16 year olds had
gambled in the last week.
(Gambling Commission 2017)

A person may be at risk of developing a gambling problem if they answer yes to any of these questions:

- Have you ever tried to stop, cut down or control your gambling?
- Have you ever lied to your family, friends, or others about your gambling or how much you spend?
- Do you spend a lot of time thinking about your gambling or future gambling?

Problem gambling is linked with other issues, such as: alcohol and drug abuse, homelessness, relationship and family breakdown, debts, criminal activity and anti-social behaviour, headaches, stomach upsets, muscle ache, rapid heartbeat, palpitations, blood pressure issues and mental health problems and suicidal thoughts.

A person is considered to be a problem gambler when they meet 4 or more of the following criteria:

- Is preoccupied with gambling
- Needs to gamble with increasing sums of money in order to achieve the desired excitement
- Is restless when attempting to cut down on gambling
- Gambles as a way of escaping from problems or relieving depression
- Returns – after losing money gambling – another day in order to get even

- Lies to family members or others to conceal the extent of involvement with gambling
- Often spends much more money on gambling than intended
- Has committed antisocial or illegal acts in order to finance gambling
- Has fallen out with family, truants from school, or has disrupted schooling because of gambling

Factors influencing a person's gambling can be categorised as E and A factors:

- | | |
|-----------------|--------------------|
| • Affordability | • Enjoyment |
| • Accessibility | • Entertainment |
| • Acceptability | • Excitement |
| • Age | • Economic reasons |
| • Advertisement | • Escapism |
| • Awareness | |



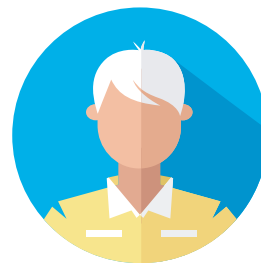
Safety Rules

- **Set a money limit and stick to it.**
Decide how much they can afford to lose before quitting, and much they want to spend. They should not change their mind when they lose.
- **Set a time limit and stick to it.**
Decide how much time they want to gamble. They should leave when they reach the time limit, whether they are winning or losing.
- **Don't gamble on credit**
Don't borrow, write I.O.U.s or get cash advances on a credit card.
- Expect to lose - consider losses the cost of playing and don't try to win back lost money.
- Treat any winnings as a bonus.
- Don't gamble when angry, upset or lonely.
- Keep a balance in life.

Gambling should never stop someone spending time with friends, family, work, or positive activities.

- Learn the warning signs of problem gambling.

The more they know, the better choices they can make.



Common False Beliefs Of Problem Gamblers

Normalising behaviour: most problem gamblers overestimate the number of people who behave as they do, thinking “lots of other people gamble just as much as I do, so it can’t be that bad”.

Confusing ‘often’ with ‘memorable’: wins are memorable because they tend to be larger and more exciting, though less frequent, than the smaller, more regular losses. Most gamblers remember their wins better than their losses, so they often believe that they are ahead when they are actually losing.

Superstitions: many gamblers mistakenly believe they can improve their luck by repeating superstitious habits falsely connected with past wins, e.g. wearing the ‘lucky t-shirt’ or playing their ‘lucky numbers’.

Ignoring the odds: most people ignore that the house edge makes it mathematically impossible to win on the long term. E.g. people might buy lottery tickets because they know of someone who has won, yet they don’t realise that it took 30 billion tickets (more than 4 times the earth’s population) to produce 2,000 winners.

Forgetting the law of averages: the more times something happens, the closer the average result will be to its true odds. It’s not unusual to flip a coin twice and to get heads both times. But it’s very unlikely for heads to come up ten times in a row. Although short winning streaks are common, long winning streaks are impossible.

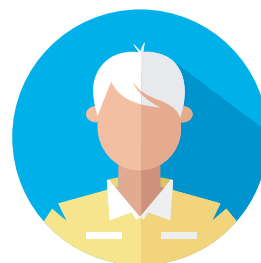
People who appear to win more frequently than other people—who seem luckier—have usually just played more often. They’ll also have more frequent losses than other people, but they don’t brag about the losses!

Random events are not influenced by past history: in most real-life situations, history does help us predict the future, so people tend to look for patterns and expect events to be predictable. However, dice, roulette wheels, slot machines, bingos and lotteries are all random events: thus the outcome of these games cannot be predicted or influenced by the players.

Early wins and occasional rewards encourage false hopes: most commercial gambling enterprises understand this principle, so they offer infrequent large wins and frequent small wins: the player will then keep gambling in the hope of hitting a big win, ignoring the true odds of the game and the presence of the house edge, which will make the player most definitely losing over the long term. Most problem gamblers had the misfortune of a big win when they first started to gamble.

Most people take credit for success and blame failure on things beyond their control: attributing success to skill and failure to bad luck is one of the misleading thought processes of problem gamblers.

Thinking money solves all problems: people who win the lottery tend to be very happy for the first year, and then return to their previous level of happiness. Many gamblers mistakenly believe that if they become rich, their problems will be solved and they will be forever happy.



Useful Contacts

RCA Trust - www.rcatrust.org.uk

Counselling service for young people with a gambling problem.

Gamblers Anonymous Scotland - www.gascotland.org

24 hr help for problem gamblers and runs Gamblers Anonymous Meetings

Gam-Anon Scotland - www.gamanonscotland.org

24 hr Support and encouragement for the families and friends of compulsive gamblers.

GamCare - www.gamcare.org.uk

Support, counselling, information and advice to anyone suffering through a gambling problem. Online chat and forum

BigDeal – www.bigdeal.org.uk

Website designed with young people in mind

National Gambling Helpline: 0808 8020 133, 8am to midnight, 7 days a week.

GambleAware - www.gambleaware.co.uk

Information, advice and online resources on problem gambling.

Be Gamble Aware – www.begambleaware.org

List of organisations that provide help directed at managing the consequences of problem gambling:

FAST FORWARD Gambling Toolkit

www.fastforward.org.uk/gamblingtoolkit



ENDNOTES

1 Fonagay et al, 1994)

2 Research commissioned by the Scottish Association of Mental Health (SAMH, 2017) and World Health Organisation, Adolescent Mental Health, 2019

3 www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2010/12/national-guidance-under-age-sexual-activity-meeting-needs-children-young/documents/0108880-pdf/0108880-pdf/govscot%3Adocument/0108880.pdf

4 See National Guidance Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns (2010). ELBEG Underage sexual activity Inter-agency guidance (2011) with Lord Advocate's guidelines.

5 Masson and Hackett (2003): A decade on from the NCH Report: adolescent sexual aggression policy, practice and service delivery across the UK and Republic of Ireland. Journal of Sexual Aggression 9(2): 109-124. Radford et al. (2012) Child abuse and neglect in the UK today. London: NSPCC.

6 The SALSUS 2015 report
<https://www.gov.scot/publications/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-smoking-report/>

7 Scottish Adolescent Lifestyle and Substance Use Survey (SALSUS 2015; <http://www.gov.scot/Topics/Research/by-topic/health-community-care/social-research/SALSUS>)

8 Young Scot <https://young.scot/choices-for-life/articles/smoking-and-the-law/>

9 NHS Inform <https://www.nhsinform.scot/healthy-living/stopping-smoking/reasons-to-stop/second-hand-smoke>



10 The Scottish Schools Adolescent Lifestyle Substance Use Survey

11 The National Treatment Agency 2010-11 report on Substance Misuse Among Young People

12 'Young People and Gambling 2017', a research study among 11-16 year olds in Great Britain by the Gambling Commission



Communicating Loud and Clear

We are happy to translate on request and provide information and publications in other formats, including Braille, tape or large print.

如有需要我們樂意提供翻譯本，和其他版本的資訊與刊物，包括盲人點字、錄音帶或大字體。

Zapewnimy tłumaczenie na żądanie oraz dostarczymy informacje i publikacje w innych formatach, w tym Braillem, na kasecie magnetofonowej lub dużym drukiem.

ਅਸੀਂ ਮੰਗ ਕਰਨ ਤੇ ਖੁਸ਼ੀ ਨਾਲ ਅਨੁਵਾਦ ਅਤੇ ਜਾਣਕਾਰੀ ਤੇ ਹੋਰ ਰੂਪਾਂ ਵਿੱਚ ਪ੍ਰਕਾਸ਼ਨ ਪ੍ਰਦਾਨ ਕਰਾਂਗੇ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਬਰੇਲ, ਟੇਪ ਜਾਂ ਵੱਡੀ ਛਪਾਈ ਸ਼ਾਮਲ ਹਨ।

Körler için kabartma yazılar, kaset ve büyük nüshalar da dahil olmak üzere, istenilen bilgileri sağlamak ve tercüme etmekten memnuniyet duyarız.

اگر آپ چاہیں تو ہم خوشی سے آپ کو ترجمہ فراہم کر سکتے ہیں اور معلومات اور دستاویزات دیگر شکلوں میں مثلاً بریل (ناپیدا افراد کے لیے) بھرے ہوئے حروف کی لکھائی، ٹیپ پر یا بڑے حروف کی لکھائی میں فراہم کر سکتے ہیں۔

Contact 0131 270 7500 or
email: enquiries@midlothian.gov.uk



